

DOCUMENT RESUME

ED 365 932

CG 025 197

AUTHOR Illovsky, M., Ed.
TITLE Illinois Association for Counseling and Development
(IACD) Quarterly, 1991.
INSTITUTION Illinois Association for Counseling and
Development.
PUB DATE 91
NOTE 205p.; Published in issues dated Fall, Spring,
Summer, Winter.
PUB TYPE Collected Works - Serials (022)
JOURNAL CIT IACD Quarterly; n120-123 1991

EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS Bulimia; Child Abuse; Client Characteristics (Human
Services); College Students; *Counseling; *Counselor
Training; Higher Education; Individual Development;
Learning Disabilities; Models; Resistance
(Psychology); *School Counseling; Self Concept;
Sexual Abuse

ABSTRACT

This document consists of the four issues of the "IACD Quarterly" published in 1991. Articles in the 1991 volume include: (1) "The History, Current Status and Future of Counselor Preparation in Illinois: Background and Overview" (William Gorman); (2) "Counselor Education in Illinois Prior to 1958" (John Storey); (3) "The Golden Book and Counselor Education Recognition" (Donald Moler); (4) "Certification by Entitlement (1968-1989)" (David Livers); (5) "Recent Developments in School Counselor Certification (1989-1990)" (Twyman Jones); (6) "Accreditation and Program Approval in Illinois" (Michael Altekruze and Sandra Ternius); (7) "Some Current Professional Issues in Credentialing" (Donald Waterstreet); (8) "The Future of Illinois Counselor Preparation" (Robert Nejedlo); (9) "Moral Self-Concept of Adult Survivors of Childhood Sexual Victimization" (Sandra Apolinsky and S. Allen Wilcoxon); (10) "A Comparative Follow-Up Study of ISU Graduates and National Certified Counselors" (Donna Bruyere and Anita Curtis); (11) "Status Report of Elementary School Counseling in Illinois" (Anita Curtis, Bette Toborg, Steve McClure, and Dale Septeowski); (12) "Indirect Suggestion: Bypassing Client Resistance" (Lewis Morgan); (13) "Identity Development of Traditional Age Female College Students" (Marisa Bellandi Schorer); (14) "Bulimia: What Counselors Need to Know" (Phillip Whitner and Armenta Shetterly); (15) "Illinois Survey of Procedures Used to Identify Learning Disabilities in Adults" (Shirley Terris and Mary Pat Kane Reilly); (16) "Diagnosing the Adult with Learning Disabilities" (Barbara Cordoni); and (17) "An Instructional Model for Use by Counselors: Promoting Independence in Post-Secondary Students with Learning Disabilities" (Janis Bulgren and Frank Kline). (NB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED 365 932



SPECIAL ISSUE

*The History, Current Status and Future
of Counselor Preparation in Illinois*

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

IACD

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

Number 120

2
BEST COPY AVAILABLE

EDITORIAL BOARD



WINTER 1991

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, M.S. (1991)
Director of Counseling
North Central College
Naperville, IL 60266-7063

Deborah Gough, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR

M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR

Joan Green
Western Illinois University
Macomb

MANAGING EDITOR

Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Donald Moler, Illinois Association for Counseling and Development, Box 220, Charleston, IL 61920.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Illinois Association for Counseling and Development

SPECIAL ISSUE

The History, Current Status and Future of Counselor Preparation in Illinois

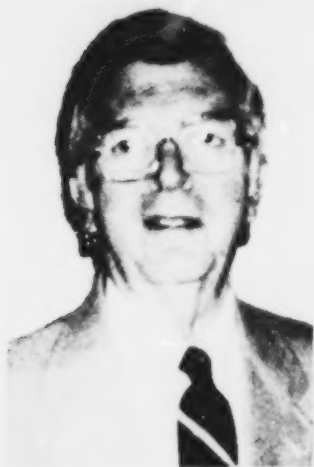
Guest Editor: William E. Gorman

Table of Contents

The History, Current Status and Future of Counselor Preparation in Illinois: Background and Overview William E. Gorman	2
Counselor Education in Illinois Prior to 1958 John S. Storey	4
The Golden Book and Counselor Education Recognition Donald L. Moler	7
Certification by Entitlement (1968-1989) David L. Livers	15
Recent Developments in School Counselor Certification (1989-1990) Twyman Jones	18
Accreditation and Program Approval in Illinois Michael K. Altekruze and Sandra K. Ternius	27
Some Current Professional Issues in Credentialing Donald C. Waterstreet	34
The Future of Illinois Counselor Preparation Robert Nejedlo	38

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

The History, Current Status and Future of Counselor Preparation In Illinois: Background and Overview



William E. Gorman

History, we have been informed, is worthy of study and concerned consideration since the past is preface to the present. In this same vein the present is prelude to the future. A society that understands something of its past may, as a consequence, be better equipped to contemplate its current realities. Such understanding may also result in the formulation of effective, philosophically based, futures planning.

Counselor training, in Illinois as elsewhere, is the singular domain of neither the State, nor of the institutions of higher learning. Both the State and the Universities bear formidable responsibility for the development and guaranteed implementation of counselor training standards.

The Public need for meaningful counselor training is also evident. Children, parents, schools, agencies—all of the "consumers" of the counseling "product" of our profession, have a singular stake in counselor training.

Professional Counselors, as process recipients also possess a

William E. Gorman, Ed D. is a Professor at DePaul University.

shared interest in counselor training.

Each of the above mentioned "societies", the State, the Universities, the Public and the Counselor has been inextricably bound into the past, present and future of Counselor training in Illinois as one will note upon perusal of the various articles contained within this volume.

Time hurries us along and our past grows dim and distant all too soon. And so, while personal memory is clear and authentic documentation is still available, we set about the task of preparing this present document. Dr. Michael Illovsky of Western Illinois University and IACD Journal Editor, graciously accepted the assumption that counselors would be interested in reading about the history, current status and future of counselor education in the State of Illinois.

To accomplish this mission, as guest editor, I enlisted the expertise of a number of professionals each of whom possesses credentials necessary to the given task.

Of the authors contributing to this volume, four have been recipients of the prestigious C. A. Michelman Award: Donald Moler (1974), John Storey (1977), David Livers (1989), and Michael Altekruze (1990).

Both Michael Altekruze (1990-91) and Robert Nejedlo (1983-84) served as President of the American Association for Counseling and Development.

The reader will also note, that six of the articles appearing in this document were penned by individuals who have served as President of the Illinois Association for Counseling and Development: John Storey (1966-67), Donald Moler (1968-69), Michael Altekruze (1973-74), David Livers (1975-76), Robert Nejedlo (1976-77) and Twyman Jones (1990-91).

Finally, we wish to point out that five of our contributors have served as President of the Illinois Association for Counselor Education and Supervision: William E. Gorman (1967-68), Michael Altekruze (1980-81), David Livers (1983-84), Donald Waterstreet (1985-86) and Twyman Jones (1988-89).

As guest editor of this Special Issue, I am indebted to each of my colleagues for their contributions to this volume. I wish to express my gratitude and deep appreciation to Michael Altekruze, Twyman Jones, David Livers, Donald Moler, Robert Nejedlo, John Storey, Sandra Ternius and Donald Waterstreet.

Counselor Education In Illinois Prior to 1958



John S. Storey

*"Several colleges started offering courses
in Guidance in the 1930's...
By 1958 a common core of courses required
for a Master's degree in Counseling and
Guidance had developed."*

—John S. Storey

For purposes of developing this article, the author surveyed some 19 Illinois Universities and colleges identified as offering course work in Counselor Education.

Not unexpectedly, it proved to be difficult to procure adequate information on this topic. Several schools queried responded that no staff member who served prior to 1958 was available as a resource person, nor were adequate records on file. What follows is the most reliable information that facts and inferences can supply.

Of the 19 colleges and universities from whom information was requested, seven indicated that they had programs in Counseling

John S. Storey, Ph.D. is Professor Emeritus at Western Illinois University.

and Guidance (the title utilized then) prior to 1958. It is almost a certainty that at least three additional universities had programs in existence at that time. Those indicating dates programs started prior to 1958 were as follows: Southern Illinois University, Carbondale (1945); Western Illinois University (1947); Loyola University (1951); Millikin University (1952); Eastern Illinois University (1954); DePaul University (1956).

Several colleges started offering courses in Guidance in the 1930's. DePaul University and Northwestern University were among those schools. It can be reasonably assumed that these were offered as service courses for teachers.

A number of professors were responsible for the introduction of courses and/or programs at some universities. Dr. Shirley Hamrin, one of the pioneers in guidance, began teaching courses at Northwestern University in the 1930's. Hamrin and Clifford Erickson co-authored the book "Guidance in the Secondary School" published in 1939, a widely used text for introductory guidance courses. Dr. Hamrin was the keynote speaker at the first Illinois Guidance and Personnel Association convention in 1949 and was the recipient of an honorarium of \$25.00. Dr. Thalmon was the first instructor of the program at Southern Illinois University, Carbondale, in 1945. Dr. Leo Bent started the degree program at Western Illinois University in 1947. Dr. Halace Wiggs initiated a program at Millikin University in 1952. Dr. Donald Moler, who still serves as Administrative Coordinator for the Illinois Association for Counseling and Development, was the instigator of the Program at Eastern Illinois University in 1954.

By 1958, a common core of courses required for a Master's degree in Counseling and Guidance had developed, although there were some differences among schools. Requirements usually consisted of an introductory course, commonly titled Principles and Techniques of Guidance or Educational Guidance; a course in occupational information, commonly called Vocational Guidance or Occupational Information and Guidance; Introduction to Counseling and/or Techniques of Counseling; Measurement and Evaluation, sometimes called Psychological Testing; Organization and Administration of Guidance Services; and Seminar in Guidance. It is interesting to note that none of the schools responding offered a practicum in counseling at that time.

Courses in related fields that were either required or available as electives consisted of: Statistics; Educational Research; Adolescent Psychology; Child Psychology; Abnormal Psychology; and Mental Hygiene.

Programs were designed to prepare guidance counselors for schools almost exclusively, or as a basis for doctoral level education. Few opportunities for employment existed outside of the school systems, and jobs in schools were not plentiful, as few systems outside of the larger ones had counselors in their employment. Probably, many of the students seeking Master's degrees in Counseling and Guidance were teachers who had no intention of becoming professional counselors, but desired an advanced degree and selected this area as their preferred alternative.

Dr. John Wellington prepared an interesting document in 1987 entitled "Counseling Psychology: College Student Personnel: Higher Education—a History, 1951-1986" for Loyola University. In this, he described how the Department of Psychology and the Department of Education cooperated to inaugurate an area of concentration in Counseling and Guidance in the Department of Education in 1951. Dr. Ernest I. Proulx was selected to become the first faculty member to be responsible for the Counseling and Guidance Program. Dr. Proulx had a dual role in counseling and guidance and in student teaching, a combination he continued until his retirement in 1986.

It is not known how many students were awarded graduate degrees in Counseling and Guidance prior to 1958. The only exact count available was at Western Illinois University, where 109 persons received Master's degrees with Counseling and Guidance majors between 1948 and 1957. From this, it can be reasonably estimated that between 450 and 550 individuals received Master's degrees in Counseling and Guidance during that period from Illinois colleges and universities. Probably between 70 and 100 doctorates were awarded. Lee Taylor and Raymond Shoopman were the first to be awarded Master's degrees at Western Illinois University in the year 1948. The first M.A. recipient at Eastern was Roland Wickiser in 1955. Ely Sires was the first doctor's degree recipient at Loyola University in 1958.

This data illustrates how much advancement has been made in Counselor Education programs in the past thirty years. The number of students has increased dramatically and the depth and breadth of course work has been subject to notable change. It should be noted, however, that many individuals performed effective counseling services in the early years despite the limited education provided them.

The Golden Book and Counselor Education Recognition (1958-1968)



Donald L. Moler

*"Any document which was first in effect in 1961, and
which is still essentially unchanged after
30 years, must have been exceptional."*

—Donald L. Moler

Only rarely is a book described by the color of its cover. In the case of "The Golden Book," the naming was accidental, but somehow seemed quite appropriate in 1961, as it met a long unfulfilled need. "The Golden Book" actually was the State of Illinois Policy for Recognition of Illinois Secondary School Guidance Programs, and Guidance Personnel Qualifications. The book (pamphlet) was prepared by the Office of the Superintendent of Public Instruction, in cooperation with Counselor-Trainers in Illinois Colleges and Universities. It was first issued in 1961 by George T. Wilkins, Superintendent of Public Instruction.

The Book was significant because of the fact that it represented a cooperative effort by the Office of Public Instruction and all the

Donald L. Moler, Ph.D. is Professor Emeritus at Eastern Illinois University.

colleges and universities involved in preparing prospective counselors for the schools of Illinois. Thirteen colleges and universities were represented in the first book (17 in the last), and the requirements for certification of school counselors set forth.

It is important to note at this point that Guidance and Counseling as we know it today was then in its childhood, although it had long been realized that public education was a State function, with the State authorized to issue limited and special certificates. (Some cities are authorized by State law, and currently many colleges and universities are also able to issue certificates.) Our concern, of course, is only with guidance workers.

The first State to specifically request certification for guidance workers was New York in 1926 (U.S. H.E.W., 1960). In 1960, 37 states and territories had some requirements, but in 17 others the requirements were optional or non-existent. Illinois was listed as "optional" but practically speaking "none" was more accurate. By 1963, 49 states and territories had requirements. Today, of course, all have requirements.

About 1952 the State of Illinois Superintendent of Public Instruction began work on a bulletin to be known as a Guide to Supervision, Evaluation and Recognition of Illinois Schools. It dealt with standards of teacher preparation as well as other aspects of school programs. The materials were first published in 1958. The "Certificate for School Counselor" portion basically states that a school counselor must have a qualifying certificate to work in a teaching or supervisory position. In addition, "It is desirable that all counselors...have considerably more than minimum qualifications" (U.S. H.E.W., 1960). Further,

"Every staff member who is assigned guidance duties for one-half or more of the school day must be certified as a teacher, and should have 18 hours of credit in the field of guidance, at least 12 of which are at the graduate level. A counselor should have had a minimum of one year of successful experience as a teacher. It is desirable that he should have had some wage-earning experience outside the classroom" (U.S. H.E.W., 1960).

The interesting thing to note from the above quotations of counselor requirements is that they actually did not represent requirements. None of the elements recommended could be enforced, if the individual school did not choose to abide by them, except for the requirement of a valid teaching certificate.

"The Golden Book" now assumes importance because of an added factor which had not existed in the state before. That factor

was Title V, of the National Defense Education Act of 1958. Simply put, money became available to schools for guidance programs, and the Golden Book represented one of the first steps the State of Illinois took to require higher standards as a prerequisite for receiving the added funds. The following quotation from the 1961 Book is indicative.

REIMBURSABLE STATE PROGRAM FOR THE IMPROVEMENT OF GUIDANCE AND COUNSELING

Graduate approval standards are currently in effect for Illinois secondary schools participating in the State program for the improvement of guidance and counseling, conducted under the auspices of Title V, National Defense Education Act of 1958. Approval of local programs for reimbursement is contingent, in part, upon the provision of counseling time by counselors meeting the following training standards on the dates specified.

- A. September 1, 1961—A minimum of twelve (12) semester hours of approved course work in the field of guidance, at least six (6) of which are at the graduate level.
- B. September 1, 1962—A minimum of eighteen (18) semester hours of approved course work in the field of guidance, at least twelve (12) of which are at the graduate level (Wilkins, 1961).

The requirements further stated that all personnel assigned time for guidance functions would have to meet the requirement stated by the deadlines, or be required to obtain special temporary approval from the Office of the Superintendent of Public Instruction. The kicker was "Such approval will be granted a second year only upon completion of a minimum of six (6) semester hours of approved course work" (Wilkins, 1961).

The eighteen semester hours were to be chosen from the eight areas which were believed to be important to the training of guidance and counseling workers. They were:

- 1. Principles and Techniques of Guidance
- 2. Appraisal Techniques
- 3. Growth and Development of the Individual
- 4. Principles and Practice of Counseling
- 5. Occupational, Educational, and Personal and Social Information
- 6. Organization of Guidance Services
- 7. Mental Hygiene and/or Personality Dynamics
- 8. Guidance Research

The continuing importance of The Golden Book is seen with each new edition. In 1963, the approval criterion for receiving Title V money for school counselors was listed *only* as eighteen semester hours, with the recommendation that it should be considered as representing the *minimum* requirement. The recommended standard in the 1963 version for Supervisors and Directors of Guidance Programs was now to "...hold a specialist's certification, with thirty-two (32) hours in the field of guidance, and a master's degree" (Page, 1963).

At this point a technical item should be injected. The specialist's certificate is actually a form of teaching certificate for Illinois, and in 1963 required 32 semester hours in the field of guidance, as well as other basic requirements (mostly a valid teaching certificate). At the same time, new teaching certificates might be endorsed for guidance upon the presentation of 18 semester hours (assuming the applicant qualified for a valid teaching certificate).

In the 1965 Book (Page, 1965), changes were again prominent. Statements concerning desirable services, such as personal student counseling, evaluation of personal characteristics, use of appropriate information, proper educational and vocational placement, research, and continuous program evaluation were new additions. The approved program now required course work specifically in Principles and Techniques of Guidance, Appraisal Techniques, Growth and Development of the Individual, Principles and Practice of Counseling, and Occupational, Educational, and Personnel and Social Information. For the first time (September 1, 1965) the Title V reimbursement depended upon "...A minimum of twenty-four (24) semester hours of approved course work, at least eighteen (18) of which are at the graduate level" (Page, 1965). For the first time work was now required to be in *six* of the guidance areas. The master's degree and specialist's certificate for the field of guidance were still recommended for Directors of Guidance.

The 1968 Book changed little in the way of specific requirements for counselors. The most noticeable change probably was in the wording, rather than content—but the wording was totally significant. For the first time the terms "Guidance Counselor" or "Counselor" were not prominent in the approval criteria. Rather,

Guidance Personnel Qualifications appeared under the approval criteria heading. A year's experience as a teacher was a continuing recommendation from 1965. The new terminology was deliberate, and represented a change in the area which broadened the scope

of guidance activities (too much, some counselor educators believed).

The big change in the last real "Golden Book" was allowing the Special Certificate in Guidance to be awarded by entitlement upon completion of the Guidance and Counseling program of one of the approved colleges or universities. What this did, in effect, was to allow universities to make changes in program requirements, as long as the basics were adhered to. Of course, it also eliminated much paperwork for the state office. This special certificate required a master's degree and a minimum of 32 hours of course work in the approved areas, 26 of which had to be at the graduate level. An important addition, much sought by counselor educators, was the statement which *required* a supervised practicum in counseling. Most counselor preparation programs had had counseling practicum courses long before, but they *were not required* by the State.

The 1968 Golden Book was the last. The requirements for guidance workers have not changed appreciably since its publication. The Guidance area has changed, but remember the Golden Book primarily addressed school counseling programs.

While the basic Illinois requirements for the preparation of school counselors have changed little since 1968, it must not be assumed none will or have occurred. A quotation from the newsletter of the Department of Educational Psychology and Guidance of Eastern Illinois University may indicate some new directions:

Individuals applying for certification need to register for and complete the appropriate tests required by the Illinois State Board of Education. Please be advised that many of the State Universities have increased the semester hour requirement for the Master's Degree, which would also influence state certification, beyond the minimum 32 semester hours to 48, 50 or as many as 64. You are invited to take additional hours if you choose but we are not requiring them for the next academic year. (EDP News, 1990).

Two things, at least in the mind of this writer, made the Golden Book very special. One was the fact that it was a cooperative effort of the Office of the State Superintendent of Public Instruction and the Counselor Educators of Illinois Colleges and Universities, and the second was that the end result was stated in specific terms as to the eight recommended area requirements, and included exact course names and hour requirements of each College or University included in the book.

Since each course of each University was presented, discussed and approved or rejected by the Counselor Accreditation Committee, many meetings were required. Most were held in Chicago hotels, and over the period of preparation, those participating from the Universities and the State Office not only came to know each other, but in some cases, members of the hotel staff as well (See Appendix).

Once the Golden Book was actually a reality, and in use throughout the state, an added benefit was available to those persons working with student programs. For the first time ever, it was possible to look at a student's transcript of courses from an Illinois college or university, and by referring to the course listing for the University in the book, tell the student without delay or quibbling whether the courses were acceptable to meet area or university qualifications. Occasionally, because of geographic location, a student might actually have portions of the proposed program supervised by a professor from a different university as courses in the various areas were considered to be acceptable from school to school.

One of the most important outcomes of the Golden Book discussions was the realization that all universities preparing counselors had to provide an acceptable counseling practicum, properly supervised. Unfortunately, it was some years before a true requirement was in force. Practically, most programs emphasized it, but school counselors could, and did, work for many years without ever having had a practicum.

As a footnote to the years of preparation of the Golden Book, it should be noted that three of the sixteen persons listed as participants in the 1961 edition, C.A. Michelman, State Office; Leo Bent, Bradley University; and Wendell Dysinger, MacMurray College; have had prestigious awards named for them by the Illinois Association for Counseling and Development. In addition, seven of the committee members served as IGPA presidents, and six of the members were recipients of the C.A. Michelman Award for excellence.

Although it may be inappropriate for this writer to make an evaluation of the Golden Book, he is none-the-less going to do so. Any document which was first in effect in 1961, and which is still essentially unchanged after 30 years, must have been exceptional. As an early participant in its preparation, and as an enthusiastic user, your author believes the Golden Book set the tone for the entire second half of the 20th century, as far as school guidance

in Illinois is concerned. Let us pray those who are charged with the task for the 21st century are capable of doing as well.

REFERENCES

- Brewster, R.E. (1960). *Guidance workers certification requirements*. U.S. Department of Health, Education, and Welfare, OE-25004, No. 14.
- Camp, D. (1960). *Guidance workers certification requirements*. U.S. Department of Health, Education and Welfare, OE-25005A, No. 14.
- EDP News. (1990). Department of Educational Psychology and Guidance, Eastern Illinois University, Vol. 9 (1).
- Houghton, H. W. (1966). *Certification requirements for school pupil personnel workers*. U.S. Department of Health, Education and Welfare, OE-25050.
- Page, R. Superintendent of Public Instruction. (1968). *Policy for recognition of Illinois school pupil personnel service programs and personnel qualifications*.
- Page, R. Superintendent of Public Instruction (1965). *Policy for recognition of Illinois school guidance programs, and guidance personnel qualifications*.
- Page, R. Superintendent of Public Instruction. (1963). *Policy for recognition of Illinois secondary guidance programs, and guidance personnel qualifications*.
- Wilkins, G. T., Superintendent of Public Instruction. (1961). *Policy for recognition of Illinois secondary school guidance programs, and guidance personnel qualifications*.

APPENDIX

GOLDEN BOOK PARTICIPANTS, 1961-68 COUNSELOR ACCREDITATION COMMITTEE

- Bent, Leo G., Bradley University (61, 63, 65, 68)
- Berry, Daryl E., Millikin University (68)
- Clark, Carl A., Chicago State College (68)
- Cody, John, Southern Illinois University (68)
- Delaney, Daniel J., University of Illinois (68)
- Dewey, Charles, Illinois Institute of Technology (68)
- Fitzpatrick, E. T., Southern Illinois University (61, 63)
- Gambino, Vincent, Roosevelt University (68)
- Gorman, William E., DePaul University (68)
- Livers, David L., Illinois State University (68)
- McBride, James, Southern Illinois University (68)
- Miller, Frank M., Northwestern University (61, 63, 66, 68)
- Moler, Donald L., Eastern Illinois University (68)

Proff, Fred C., University of Illinois (61, 63, 65)
 Quinn, Paul, Northeastern Illinois State College (68)
 Smith, Kenneth E., University of Chicago (68)
 Storey, John S., Western Illinois University (63, 65, 68)
 Strowig, R. Wray, University of Chicago (61)
 Walz, Garry R., Illinois State Normal University (61)
 Weigel, George D., Northern Illinois University (61, 65, 68)
 Wellington, John A., Loyola University (68)

REPRESENTATIVES OF COLLEGES AND UNIVERSITIES

Dawald, V. F., Millikin University (61, 63, 65)
 Dinkmeyer, Don, National College of Education (63, 65)
 Dysinger, Wendell S., MacMurray College (61)
 Franklin, Ruby, Roosevelt University (65)
 Gorman, William, DePaul University (63, 65)
 Kehas, Chris D., University of Chicago (63, 65)
 Meyering, Ralph, Illinois State Normal University (63, 65)
 Moler, Donald L., Eastern Illinois University (61, 63, 65)
 O'Neill, John H., DePaul University (61)
 Roth, Robert, Illinois Institute of Technology (65)
 Stolarz, Theodore J., Chicago Teachers College (63, 65)
 Storey, John S., Western Illinois University (61)
 Taliana, Lawrence, Southern Illinois University (65)
 Weigel, George D., Northern Illinois University (63)
 Wellington, John A., Loyola University (61, 63, 65)
 Yates, J. W., Southern Illinois University (65)

REPRESENTATIVES OF THE OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION

Michelman, C. A., Chief (61)
 Moultrie, Robert, Guidance Consultant (65)
 O'Neill, John H., Associate Superintendent (63, 65, 68)
 Pukach, Joseph, Guidance Consultant (63)
 Stewart, John T., Guidance Supervisor (61)
 Van Hoy, Clarence E., Guidance Supervisor (68)
 Waterloo, Glenn, Director (65, 68)
 Zeller, Robert H., Consultant, Asst. Supt. (61, 63, 65, 68)

Certification By Entitlement (1968-1989)

David L. Livers

"Entitlement seemed to be a concept whose time had come..."
"In 1981, new state legislation was put into effect which mandated that, essentially, the only way to receive guidance certification was through Institutional Endorsement."

—David L. Livers

In the decade from 1958 to 1968 we had the greatest growth in the number of guidance counselors employed in schools this country will probably ever see. The National Defense Education Act (NDEA) of 1958 provided most of the financial support and by 1968 a new profession emerged with some 50 to 60 thousand practitioners. The earliest standards upon which they established their credibility were little more than a prototype of what was to follow. But, they were too significant a group to be denied and all that remained was for a continued upgrading of standards.

Certification became the method of choice universally used to provide a credential for practitioners in schools in 53 states and territories (Houghton, 1967). A certificate issued by state governmental bodies authorized the holder to use the title of their new profession. There were many differences from state to state regarding the qualifications for becoming certified. It is clear, however, that each set of certification standards reflected the qualifications set forth in Title V-A of the National Educational Defense Act.

In Illinois, as in other states, the first qualifications for certification were minimal. In retrospect, we would probably see them as absurd. For example, in one of our earliest handbooks, qualification for certification only required: "Certification as a teacher and 18 semester hours of credit in the field of guidance, at least 12 of which are at the graduate level" (Page, 1965). But, keep in mind, this was a new and emerging professional identity, and there was not an abundance of trained professionals. Because of some highly dedicated guidance professionals in Illinois, the

David L. Livers, Ph.D. is a Professor at Illinois State University.

standards were improved as rapidly as practitioners could be prepared to meet improved certification criteria.

Originally, in Illinois, the standard operating procedure for anyone seeking certification in guidance was to submit their transcripts and a copy of their teaching certificate to the Department of Guidance Services in the Office of Superintendent of Public Instruction. Those credentials would then be evaluated and copies of the evaluation would be forwarded to the State Teacher Certification Board and to the County Superintendent of Schools. If a certificate was warranted it would be channeled through the County Superintendent's Office back to the recipient. The State Teacher Certification Board has never accepted applications directly from an applicant.

On January 9, 1968, a new method of obtaining guidance certification was authorized (Page, 1968). In addition to the transcript evaluation by the Department of Guidance Services, a system of "entitlement" was developed. Sixteen university programs in counselor education were approved by the State Teacher Certification Board.

A student who completed a program in guidance in any of those sixteen approved universities would then be "entitled" to apply for certification. Starting in 1968, then, Illinois had two ways to obtain the guidance certificate; either by (1) transcript evaluation, or (2) institutional entitlement.

Entitlement seemed to be a concept whose time had come. For the first time two options were available, the majority of guidance counselor certifications were given through institutional entitlement. One of the factors accounting for this was that more and more courses were being added to counselor education programs. Often, only the counselor educators in a particular program knew which courses in that program contained the content which covered state required competency areas. Another important factor was that the Department of Guidance Services began a reduction in staff. Eventually, this resulted in the virtual elimination of all guidance staff in the State Superintendent's Office who had a working knowledge of the state requirements for guidance certification.

In 1981, new state legislation was put into effect which mandated that essentially, the *only* way to receive guidance certification was through *Institutional Endorsement* (Gill, 1980). Exceptions, such as transfers from other states would be handled through regional superintendent's offices and would ultimately

be evaluated by the State Teacher Certification Board. Whereas, there have been some changes in course and hour requirements, and there will continue to be more, institutional entitlement has continued to be the primary process leading to guidance certification in Illinois. It has evolved from the earliest efforts to establish representative standards attesting to the qualifications of guidance counselors in the state of Illinois and appears to be a logical process for a long time to come.

REFERENCES

- Gill, Donald G. (1980). *Minimum Requirements for State Certificates*, Illinois State Board of Education, Springfield, Illinois.
- Houghton, Hubert W. (1967). *Certification Requirements for School Pupil Personnel Workers*, U.S. Department of Health Education, and Welfare. U.S. Government Printing Office.
- Page, Ray (1965). *Policy for Recognition of Illinois Guidance Programs, and Guidance Personnel Qualifications*, Office of the Superintendent of Public Instruction, Springfield, Illinois.
- Page, Ray (1968). *Policy for Recognition of Illinois School Pupil Personnel Service Program and Personnel Qualifications*, Office of the Superintendent of Public Instruction, Springfield, Illinois.

Recent Developments in Illinois School Counselor Certification (1989-1991)



Twyman Jones

"The certification standards which are now in effect are presented along with an up to date set of revised certification standards which has been approved by the State Teacher Certification Board of the Illinois State Board of Education."

—Twyman Jones

The purpose of this article is to inform the reader of the current status and recent history of school counselor certification in the State of Illinois. The certification standards which are now in effect are presented along with an up-to-date set of revised certification standards which has been approved by the State Teacher Certification Board of the Illinois State Board of Education (ISBE). The revised standards, at the time of this writing, are in the process of being put into "rule form" for consideration by the full membership of ISBE.

Twyman Jones, Ph.D. is a Professor at Illinois State University.

The standards under which school counselors are currently certified in Illinois, with some modest changes, have been in use since 1960. These standards were "on the cutting edge" of professional study for the era in which they originated, however the magnitude and pace of social change since then has rendered them obsolete. Continuing to rely on such antiquated standards enhances the probability that some counselors who are inadequately prepared will be and are being certified to work in our schools. This creates an unfortunate situation for children who are enrolled in schools where inadequately trained counselors are employed. The evolution of the movement to upgrade school counselor certification standards is described in the following paragraphs. This presentation should help the reader comprehend the need for and extent of anticipated changes in the requirements for school counselor certification in Illinois.

On November 16, 1984, during the annual IACD Convention, the Illinois Counselor Certification and Training Task Force was established by the Illinois Counselor Educators and Supervisors (ICES). This event marked the formal recognition of a growing sentiment that the school counselor certification standards in Illinois are inadequate for the times. Counselor educators in the state had been expressing progressively higher levels of concern about the deficiencies in the current standards throughout the early 1980's. These concerns came to a head during the ICES presidential years of David Livers (1983-84) and Sheryl Poggi (1984-85). The creation of the Task Force provided a vehicle through which the concerns could be properly addressed.

The Task Force was charged with "establishing realistic standards for counselor education in the State of Illinois which are appropriate for the present time." The Task Force was composed of counselor educators representing each of the approved counselor training programs in the state, directors of guidance, school counselors, pupil personnel administrators and members of ISBE. The members immediately began to address the problem by naming Bob Nejedlo as chair of a subcommittee to formulate objectives related to the process of identifying new standards for counselor training and certification. This subcommittee devised a strategy for executing the charge to identify more realistic standards.

The first meeting of the Task Force subsequent to its formation at the convention took place on February 1, 1985, in Springfield at the ISBE office. Over the course of the next eighteen months

members worked at developing a revised *set of certification* requirements. The strategy implemented included procedures for soliciting input from practicing counselors, supervisors of counselors and other concerned educators. The input received provided support for the decision to model suggested revisions on the recommended training guidelines of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The CACREP training standards continue to represent the most comprehensive and up-to-date conceptualization available of what constitutes quality training for school counselors.

The work of the Task Force culminated with the adoption of a comprehensive proposal for extensive revision of the current school counselor certification standards. Don Waterstreet, who succeeded Sheryl Poggi as President of ICES and as a result also became Chair of the Task Force, transmitted the proposed revisions to the State Teacher Certification Board in December of 1986.

Almost two years elapsed in which no written response was received from the Certification Board as to the disposition of the proposed revisions. This lack of formal communication caused considerable concern on the part of the members of the Task Force. A major source of assistance was forthcoming from the Illinois School Counselors Association (ISCA). At the September 1988 Senate/Board meeting of the Illinois Association for Counseling and Development (IACD) Stephany Joy, then IACD President, announced that ISCA had formally endorsed the proposed certification revisions. Consequently, at the direction of the IACD Senate, an appointment was made for Stephany Joy, Dean Van Diver (then ISCA President) and myself (then ICES President) to meet with Susan Bentz, Assistant Superintendent for Teacher Education and Certification. Ms. Bentz also serves as Chair of the State Teacher Certification Board. That meeting took place in November of 1988.

As a result of arrangements made at the November meeting, Joy, Van Diver and I presented the proposed revisions at the January 27, 1989 meeting of the State Teacher Certification Board. A public hearing was held in Springfield on April 7 during which arguments for and against the revisions were heard. Dr. Allen Smith, Director of Guidance, along with Sandra Givens and Wilfredo Ortiz, represented the Chicago Public Schools and raised objections to the total number of academic credits being required and the 600 clock hour requirement for the internship. Arguments

in support of the revisions and rebuttals to the objections were offered by Mike Altekruze, David Livers, Linda Keel and Don Waterstreet.

The Certification Board scheduled a second public hearing to be held on June 23. The result of this second hearing was that the proposed revisions, with some modifications, were approved by the State Teacher Certification Board. Prior to the June 23rd hearing, Dave Livers and I met with Al Smith and some of his staff in Chicago to seek some compromise on those revisions over which there was still some disagreement. The two basic compromises resulting from this meeting were (1) a reduction in the minimum number of required graduate credit hours from 48 to 39 semester hours and (2) a provision allowing a candidate with two or more years teaching experience to complete the internship with minimums of 300 total clock hours and 200 hours of direct service. These compromises were instrumental in gaining final approval of the revisions by the Certification Board.

A review of the old standards along with the new proposed standards is now in order to help the reader gain a more complete perspective regarding recent efforts to upgrade school counselor certification in Illinois. First, the old or current standards are outlined below for those readers who are not familiar with present requirements.

REQUIREMENTS FOR THE GUIDANCE ENDORSEMENT

A. Requirements:

1. Guidance specialists must hold or be qualified for standard teaching certificate.
2. Guidance specialists must hold a master's degree.
3. Guidance specialists must have completed an approved program in guidance from a recognized college or university consisting of 32 semester hours of coursework. An approved program shall include a supervised practicum experience. Coursework should be from the eight areas of competency listed below. Appropriate courses in areas a, b, c, d, e, and f are a minimum requirement. Not more than six semester hours shall be acceptable at the undergraduate level.
 - a. Principles and Techniques of Guidance
 - b. Appraisal Techniques
 - c. Human Growth and Development
 - d. Principles and Practices in Counseling

- e. Occupational, Educational, Personal, and Social Information
 - f. Mental Hygiene and/or Personality Dynamics
 - g. Organization of Guidance Services
 - h. Research
- B. All counselors who presently hold a specialist's certificate would be eligible to obtain a School Service Personnel Certificate with a Guidance Specialist Endorsement.

The reader who is familiar with modern counselor training programs will recognize instantly that some crucial areas are missing from these standards. For instance, there is no mention of group counseling or content dealing with cultural diversity and research is not a requirement. In addition, only 26 semester hours of graduate credit are needed to be certified.

Next, the document which outlined the proposed revisions is reproduced as it was presented to, and approved by, the State Teacher Certification Board at the June 23rd hearing.

PROPOSED REVISIONS OF CERTIFICATION REQUIREMENTS FOR SCHOOL COUNSELORS

June 15, 1989

The proposed certification requirements which are listed below are the first major changes since the current regulations were formulated about 1960. The task force which created these new requirements was composed of representatives of all approved programs in the state, counselor educators, directors of guidance, school counselors and pupil personnel administrators. The issue of updating certification regulations has been discussed for several years and the following are the culmination of our efforts.

Certification Requirements for School Counselors

1. Hold or be qualified for a Standard Teaching Certificate.
2. Have a master's degree from a recognized teacher education institution.
3. Have completed an approved program with course work in each of the ten areas listed below. The course work must include a minimum of 39 hours of graduate credit.
 - a. Human Growth and Development
 - b. Social and Cultural Foundations
 - c. The Helping Relationship
 - d. Groups

IACD IS MOVING

*After September 1, 1991, the address for
IACD business will be:*

***ILLINOIS ASSOCIATION For
COUNSELING And
DEVELOPMENT***

***P.O. Box 955
Normal, Illinois, 61761-0955***

IACD MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____

Position _____

Business Phone () _____ Home Phone () _____

Your Work Setting:

- | | |
|--|---|
| ☐ Elementary School | ☐ State/Local Government |
| ☐ Secondary School | ☐ Community Agency |
| ☐ Post Secondary | ☐ Business/Industry |
| ☐ Rehabilitation Program/Agency | ☐ Private Practice |
| ☐ Association/Foundation | ☐ Other |

I AM INTERESTED IN THE FOLLOWING

- ☐ Awards Committee
- ☐ Convention Program Committee
- ☐ Ethics Committee
- ☐ Futures Committee
- ☐ Government Relations Committee
- ☐ Human Rights Committee
- ☐ Membership Committee
- ☐ Professional Development Committee
- ☐ Public Relations Committee
- ☐ Publications Committee

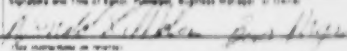
Illinois State Senate District _____
 Illinois State House of Representatives District _____

IACD MEMBERSHIP IS A PREREQUISITE FOR DIVISIONAL MEMBERSHIP		Membership Dues	Amount of Payment
Illinois Association for Counseling and Development	IACD	40.00	
Illinois Counselor Educators and Supervisors	ICES	8.00	
Illinois School Counselors Association	ISCA	8.00	
Illinois College Personnel Association	ICPA	4.00	
Illinois Career Development Association	ICDA	4.00	
Illinois Association for Multicultural Counseling and Development	IAMCD	5.00	
Illinois Association for Measurement and Evaluation in Counseling and Development	IAMECD	3.00	
Illinois Mental Health Counselors Association	IMHCA	8.00	

Students, retired, and spouses one-half regular membership

Signature of Professor: _____
 (required for student)

Mail this application and check to:
Illinois Association for Counseling and Development
 P.O. Box 955
 Normal, Illinois 61761-0955

U.S. Postal Service STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION Required by 39 U.S.C. 3685									
1A. Title of Publication		1B. Publication Number				2. Date of Filing			
ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY		6 5 1 - 6 0				9-16-91			
3. Frequency of Issue		5A. No. of Issues Published Annually				5B. Annual Subscription Price			
Four issues per year (Quarterly)		Four				\$40			
4. Complete Mailing Address of Known Office of Publication (Not Printer, Post and ZIP Code, Not Post Office)									
Dept of Ed Psych & Guidance, Eastern Ill Univ, Charleston, Giles Co IL 61920-3099									
5. Complete Mailing Address of the Headquarters or General Business Office of the Publisher (Not printer)									
ILLINOIS ASSOCIATION for Counseling & Development, Box 278, Charleston, IL 61920									
6. Full Names and Complete Mailing Address of Publisher, Editor, and Managing Editor (Do not MUST NOT be used)									
Publisher (Name and Complete Mailing Address)									
ILLINOIS ASSOCIATION for Counseling & Development, Box 278, Charleston IL 61920									
Editor (Name and Complete Mailing Address)									
Michael E. Illovisky, Eastern Ill Univ Counseling Center, Macomb, IL 61455									
Managing Editor (Name and Complete Mailing Address)									
Donald L. Miller, Dept of Ed Psych & Guidance, Eastern Ill Univ, Charleston, IL 61920									
7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a partnership or other unincorporated firm, its name and address must be stated. If not owned by a corporation, the names and addresses of the individual owners must be given. If the publication is published by a partnership or other unincorporated firm, its name and address must be stated. If not owned by a corporation, the names and addresses of the individual owners must be given.									
8. Full Name Complete Mailing Address									
ILLINOIS ASSOCIATION for Counseling and Development, Box 278, Charleston IL 61920-3099									
9. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities. If none are owned, so state.									
Full Name Complete Mailing Address									
NONE									
10. For Completion by Nonprofit Organizations Authorized to Mail at Special Rates (39 USC Section 3626)									
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes (Check one)									
☐ (1) Has Not Changed During Preceding 12 Months ☐ (2) Has Changed During Preceding 12 Months ☐ (3) Acceptable for non-profit organization (Check one)									
10. Extent and Nature of Circulation (See instructions on reverse side)		Average No. Copies Each Issue During Preceding 12 Months		Actual No. Copies of Single Issue Published Nearest to Filing Date					
A. Total No. Copies (Net Press Run)		1274		1300					
B. Paid and/or Requested Circulation									
1. Sales through dealers and carriers, street vendors and counter sales									
2. Mail Subscriptions		1152		1199					
C. Total Paid and/or Requested Circulation (Sum of B1 and B2)		1152		1199					
D. Free Distribution by Mail (Sample or Other Means)		92		100					
E. Total Distribution (Sum of C and D)		1244		1299					
F. Copies Not Distributed		30		101					
1. Office use, left over, unsolicited, spoiled after printing									
2. Return from News Agents									
G. Total (Sum of E, F1 and F2 should equal net press run shown in A)		1274		1300					
11. I certify that the statements made by me above are correct and complete						Signature and Title of Editor, Publisher, Business Manager, or Owner			
						 (For instructions on filing)			

PS Form 3526, Feb. 1985

BEST COPY AVAILABLE

- e. Life Style and Career Development
- f. Appraisal of the Individual
- g. Research and Evaluation
- h. Professional Orientation
- i. Environmental Studies
- j. Supervised Experience

Courses in the following content areas are required: May be offered through titled courses/seminars/practica covering the listed areas.

A. Human Growth and Development Hours 3

Description:

Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on psychological, sociological, and physiological approaches. Also included are such areas as human behavior (normal and abnormal), personality theory, and learning theory.

B. Social and Cultural Foundations Hours 3

Description:

Includes studies of change, ethnic groups, sub-cultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns. Such disciplines as the behavioral sciences, economics, and political science are involved.

C. The Helping Relationship Hours 6

Description:

Includes (a) philosophic bases of helping relationships; (b) counseling theory, supervised practice, and application; (c) consultation theory, supervised practice, and application; and (d) an emphasis on development of counselor and client (or consultee) self-awareness and self-understanding.

D. Groups Hours 3

Description:

Includes theory and types of groups as well as descriptions of group practices, methods, dynamics, and facilitative skills. This area also includes supervised practice.

E. Life Style and Career Development Hours 3

Description:

Includes such areas as vocational choice theory, relationship between career choice and life style, sources of occupational and

educational information, computerized guidance services, financial aid, college admissions, approaches to career decision-making processes, and career development exploration techniques.

F. Appraisal of the Individual

Hours 3

Description:

Includes the development of a framework for understanding the individual, including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural, and sex factors are also considered.

G. Research and Evaluation

Hours 3

Description:

Includes such areas as statistics, research design, and the development of research and demonstration proposals. It also includes understanding legislation relating to the development of research, programs, and demonstration proposals, as well as the development and evaluation of program objectives.

H. Professional Orientation

Hours 3

Description:

Includes goals and objectives of professional organizations, code of ethics, legal consideration, standards of preparation, certification, licensing, and role identity of counselors and other personnel service specialists.

I. Environmental Studies

Hours 6

Description:

Includes the study of the school environment in which the student is planning to work. This includes history, philosophy, trends, purposes, ethics, legal aspects, standards, roles within the institution, and a study of the needs of special populations such as bilingual children, or children with physical or mental disabilities. For example, the student preparing to be an elementary school counselor may need to take, among other specialized courses, work in diagnosis of reading dysfunction. School counselors at all levels must be knowledgeable about chemical dependency, sexual issues and the effect of single parent homes and blended families, to name a few of the concerns that are prevalent in our schools.

J. Supervised Experiences

Hours 6 minimum

Description:

1. Appropriate supervised experiences provide for the integration and application of knowledge and skills gained in didactic study.
 - a. Supervised experiences are in settings that are compatible with the career goal of becoming a school counselor.
 - b. Supervised experiences include observation and direct work with individuals and groups within an appropriate work setting.
 - c. Supervised experiences provide opportunities for professional relationships with staff members in the work settings.
2. Supervised experiences include laboratory, practicum, and internship activities with an appropriate school age population.
 - a. Laboratory experiences, providing both observation and participation in specific activities, are offered throughout the preparatory program.
 - b. Supervised counseling practicum experiences provide interaction with individuals and groups of an appropriate school age population. The practicum includes a minimum of 100 total clock hours, 40 hours of which must involve direct service work with school age children. The practicum is for a minimum of 3 semester hours credit.
 - c. Internship is a postpracticum experience that provides an actual on-the-job experience *in a school setting* and should be given central importance for each student. The internship is a sustained, continuous, structured and supervised experience lasting for a substantial period of time in which the candidate engages in the performance of various aspects of the counseling role and is gradually introduced to the full range of responsibilities associated with that role.

For the candidate with less than two years of teaching experience, the internship includes a minimum of 600 total clock hours, 240 hours of which must involve direct service with an appropriate clientele.

For the candidate with two or more years of teaching experience, the internship includes a minimum of 300 total clock hours, 200 of which must involve direct service contact with an appropriate clientele.

Appropriate clientele is defined as including school age

children, parents, teachers, and school referrals. The internship is for a minimum of 3 semester hours credit.

Critical changes included in the proposed revisions are (1) a minimum of 39 semester hours of graduate credit will now be required, (2) course work requirements have been added in the areas of Social and Cultural Foundations, Groups, Professional Orientation, and Environmental Studies, and (3) the inclusion of an Internship of either 600 or 300 clock hours. These changes will only apply to those counselor education candidates seeking certification after an effective date which will be established by ISBE. Counselors who are currently certified will not be effected by the revised standards.

In summary, the current school counselor certification standards have been in effect since 1960 and a revised set of standards has been approved by the State Teacher Certification Board. The revised standards are in the process of being put into "rule form" in order that they may be presented to ISBE for final consideration. The school counseling profession and the clientele served by school counselors in Illinois will all benefit from the proposed changes.

Accreditation and Program Approval In Illinois



Michael K. Altekruse



Sandra K. Terneus

"This survey of higher education institutions seems to reflect the importance of accreditation not only of the institutions through NCA, but also of the counselor preparation programs through various accrediting or program approving organizations."

—Michael Altekruse and Sandra Terneus

INTRODUCTION

Accreditation and program approval is a "process whereby an association or agency grants public recognition to a school, institute, college, university or specialized program of study that has met established qualifications of standards as determined

Michael K. Altekruse, Ph.D., is a Professor and Sandra Terneus is a Graduate Assistant, Department of Educational Psychology, Southern Illinois University, Carbondale.

through initial and periodic evaluations." (Forster, 1977, pg. 573)

In the field of counseling in the state of Illinois, the following seven bodies grant accreditation or program approval:

- 1) **American Psychological Association (APA)**—Grants accreditation to doctoral programs in Counseling and Clinical Psychology.
- 2) **Council for Accreditation of Counseling and Related Educational Programs (CACREP)**—Accredits entry level and doctoral programs in community, school, mental health, student affairs, marriage and family, and counselor education. CACREP is an affiliate of the American Association for Counseling and Development (AACD).
- 3) **National Council of Accreditation of Teacher Education (NCATE)**—Accredits Colleges of Education and educational programs. School Counseling programs are the only counseling programs eligible for accreditation under NCATE. NCATE recognizes CACREP accreditation of school counseling programs.
- 4) **Council on Rehabilitation Education (CORE)**—Accredits rehabilitation counseling programs. One of the only accrediting associations that does not conduct an on-site visit. CORE utilizes an elaborate mailing system in its accreditation process.
- 5) **Committee on Accreditation for Marriage and Family Therapy Education (COAMFTE)**—Accredits programs in marriage and family therapy and is an affiliate of the American Association of Marriage and Family Therapists (AAMFT).
- 6) **Illinois State Board of Education (ISBE)**—Grants program approval in school counseling. Students graduating from programs approved by ISBE are eligible for state certification as a school counselor. ISBE is in the process of increasing the requirements for program approval that resemble the CACREP requirements.
- 7) **North Central Association (NCA)**—Accredits universities, rather than specific programs. Established in 1912, NCA was the first regional accrediting body.

PROCEDURE

During Spring semester, 1990, the 1986-1989, 1990-1992 editions of *Counselor Preparation 1986-1989* (Hollis & Wantz, 1986, 1990) were consulted to identify counselor preparation programs in Illinois. Chairpersons of each program listed were contacted by mail and were requested to complete a survey eliciting the

identification of the counseling programs offered at their institution and the accredited status of each. Of the 18 post-secondary schools contacted, 12 responded to the survey. The remaining schools were contacted by phone to obtain the requested information. Consequently, the accuracy of this data is totally dependent on self-report by participating institutions and from the last two editions of Hollis & Wantz (1986, 1990).

Upon receipt of the data, the counselor preparation programs were classified using CACREP nomenclature in order to maintain consistency among institutions. For example, a school which reported offering an agency counseling program was interpreted as a community counseling program. CACREP nomenclature classified master's programs into community counseling, mental health counseling, marriage and family counseling/therapy, school counseling, student affairs practice in higher education with optional emphases in counseling, development and administration, and classified doctoral programs into counselor education and supervision.

RESULTS

The following is a summary of counselor preparation programs in Illinois and their respective accreditation status.

Bradley University, NCA

Department: Human Development Counseling

Programs and Accreditation Status:

School Counseling—NCATE, ISBE, CACREP
(currently applying)

Community Counseling—CACREP (currently applying)

Student Affairs Practice in Higher Education—NCATE

Chicago State University, NCA

Department: Psychology

Programs and Accreditation Status:

School Counseling—NCATE

Community Counseling

Concordia College, NCA

Department: Psychology

Programs and Accreditation Status:

School Counseling—NCATE

Mental Health Counseling

Community Counseling

Depaul University, NCA

Department: Human Services and Counseling

Programs and Accreditation Status:

School Counseling—NCATE, ISBE

Community Counseling

Eastern Illinois University, NCA

Department: Educational Psychology and Guidance

Programs and Accreditation Status:

School Counseling—NCATE, ISBE

Community Counseling

Student Affairs Practice in Higher Education (Administrative)

—NCATE

Governors State University, NCA

Department: Division of Psychology and Counseling

Programs and Accreditation Status:

School Counseling—ISBE, CACREP

Community Counseling—CACREP

Illinois Institute of Technology

Department: Rehabilitation Counseling and Psychology

Programs and Accreditation Status: Rehabilitation Counseling—CORE

Illinois State University, NCA

Department: Specialized Educational Development

Programs and Accreditation Status:

School Counseling—NCATE, ISBE, CACREP

Community Counseling—CACREP

Department: Psychology

Programs and Accreditation Status: Mental Health Counseling

Loyola University of Chicago, NCA

Department: Counseling Psychology and Higher Education

Programs and Accreditation Status:

School Counseling—NCATE, ISBE

Community Counseling

Counseling Psychology (Ph.D.)—APA

Northeastern Illinois University, NCA

Department: Counselor Education

Programs and Accreditation Status:

Marriage and Family

School Counseling—NCATE, ISBE, CACREP

(currently applying)

Mental Health Counseling—CACREP (currently applying)

Community Counseling—CACREP (currently applying)

Northern Illinois University, NCA

Department: Counselor Education

Programs and Accreditation Status:

School Counseling—NCATE, ISBE, CACREP

Community Counseling—CACREP

Counselor Education (Ed.D.)—CACREP

Department: Human and Family Resources

Programs and Accreditation Status:

Marriage and Family Therapy—COAMFTE

Roosevelt University, NCA

Department: Counselor Education

Programs and Accreditation Status:

School Counseling—NCATE

Community Counseling

Sangamon State University, NCA

Department: Human Development Counseling

Programs and Accreditation Status:

Marriage and Family

School Counseling—NCATE, ISBE

Community Counseling

Southern Illinois University—Carbondale, NCA

Department: Educational Psychology

Programs and Accreditation Status:

Marriage and Family—CACREP (under CCOAS)

School Counseling—NCATE, ISBE, CACREP

Community Counseling—CACREP

Counselor Education—CACREP

Department: Psychology

Programs and Accreditation Status:

Clinical (Ph.D.)—APA

Counseling (Ph.D.)—APA

Department: Rehabilitation Institute

Programs and Accreditation Status:

Rehabilitation Counseling—CORE

Department: Higher Education

Programs and Accreditation Status:

Student Affairs Practice in Higher Education—NCATE

Southern Illinois University—Edwardsville, NCA

Department: Psychology

Programs and Accreditation Status:

Community School—ISBE

Southern Illinois University—Edwardsville, NCA, continued

Clinical Adult Psychology

Industrial Organization

General Studies

University of Illinois, NCA

Department: Educational Psychology

Programs and Accreditation Status:

Counseling Psychology (Ph.D.)—APA

Department: Division of Rehabilitation Education Services

Programs and Accreditation Status:

Rehabilitation Counseling—CORE

Western Illinois University, NCA

Department: Counselor Education and Student Personnel

Programs and Accreditation Status:

School Counseling—NCATE, ISBE, CACREP

Community Counseling—CACREP

Student Affairs Practice in Higher Education—NCATE, CACREP

Wheaton College

Department: Psychology

Programs and Accreditation Status:

Clinical Psychology (MA)—none reported

CONCLUSION

The types of counselor preparation programs vary among higher education institutions in Illinois. The most common counselor preparation programs offered were school and community counseling (15 and 14, respectively), followed by counseling psychology, marriage and family counseling, and student affairs practice in higher education (4 each). Of the higher education institutions surveyed, all schools with the exception of 2 were accredited by NCA, and 12 out of 50 individual counselor preparation programs reported memberships or pending application to more than one accrediting or program approving organizations.

Of the 15 school counseling programs offered in Illinois, 13 were accredited by NCATE, 10 by ISBE, five by CACREP plus two pending notification of accreditation to CACREP (11 out of the 15 school counseling programs had memberships in more than one accrediting organization). Of the 14 community counseling programs, five were accredited by CACREP plus two pending notification of accreditation to CACREP. All four counseling psychology programs were accredited by APA. All four student

affairs practice programs were accredited by NCATE, plus one accredited by CACREP as well. Two of the four marriage and family counseling programs were accredited; one by COAMFTE, and one by CACREP under Counseling in the Community and Other Agency Settings.

Of the three mental health counseling programs, one has applied for accreditation in CACREP. Both of the two counselor education programs were accredited by CACREP. Only two of the three rehabilitation counseling programs were housed in an institution accredited by NCA; however, all programs were accredited by CORE. Only one of the two clinical psychology programs was housed in an institution accredited by NCA, and received individual program accreditation by APA.

This survey of higher education institutions seems to reflect the importance of accreditation not only of the institutions through NCA but also of the counselor preparation programs through various accrediting or program approving organizations. There appears to be an increasing trend toward application to CACREP from various counseling programs. With the exception of rehabilitation counseling, clinical and counseling psychology, Illinois programs tend to prefer representation through CACREP. This may imply that CACREP's criteria was broad enough to encompass a variety of counseling disciplines, and was considered a worthwhile course of action to achieve a higher degree of expertise in order to promote the professionalism of counselor preparation programs.

REFERENCES

- Altekruse, M. K., and Karmos, J. (1979) *Accreditation training manual*. Falls Church, VA: ACES.
- Altekruse, M. K., and Wittmer, J. (1991). "Accreditation in counselor education." In F. Bradley (Ed.), *Credentialing in Counseling* (pp. 53-62). Alexandria, VA: AACD.
- Forster, J. R. (1977) "What shall we do about credentialing?" *Personnel and Guidance Journal*, 55, 573-576.
- Hollis, J. W., & Wantz, R. A. (1990) *Counselor preparation 1990-1992*. Muncie, IN: Accelerated Development, Inc.
- Hollis, J. W., and Wantz, R. A. (1986). *Counselor preparation 1986-1989*. Muncie, IN: Accelerated Development, Inc.
- Steinhauser, Larry (1982) *The accreditation story in counselor education*. Unpublished doctoral dissertation, Southern Illinois University, Carbondale.

Some Current Professional Issues In Credentialing

Donald Waterstreet

In this article, the national trends will be discussed, followed by the current status of credentialing in Illinois.

—Donald Waterstreet

The credentialing of counselors and counselor education programs is a fairly recent phenomenon. For many years, school counselors have been required to obtain certification to work in the K-12 education system as guidance counselors with the nation's youth. However, counselors who were hired to perform counseling services in sites other than the schools did not have certification or a credential available until the decade of the eighties. The creation of the National Board of Certified Counselors (NBCC) which provided certification for counselors, the states that have adopted licensure laws for the counseling profession, and the Council on Accreditation of Counseling and Related Educational Programs (CACREP) are all impacting the field of counseling across the country. In this article, the national trends will be discussed, followed by the current status of credentialing in Illinois.

The most familiar form of credentialing in the counseling profession is the certification of school counselors. All states have certification for school counselors and the concept has been the standard for many years. The most prevalent type of certification is awarded by the individual State Department of Education with some states having reciprocal certification with the contiguous states. Currently there are some states that are banding together to form a regional alliance of states which would have a reciprocal arrangement among several states. Obvious advantages of this system are the easier movement of counselors and dollars because each state within the Consortium does not have to conduct their own certification analysis when a counselor applies for school counseling certification within that state. There are also several states, e.g., Texas and Georgia, that are studying the concept of

Donald C. Waterstreet, Ph.D., is a Professor at Western Illinois University.

automatic certification for a person who is a graduate of a CACREP approved program. There is currently a request to the National Board of Certified Counselors (NBCC) to create a designation of a specific exam and subsequent national certification for school counselors. Regardless of whether the concept of NCC for school counselors becomes a reality, the concept is certainly indicative of the vast changes that are underway in the field of counseling.

Also at the national level there is currently certification for mental health counselors (CCMHC), career counselors (CACREP), for supervision and supervisors, certified alcohol counselors (CAC), and employee assistance counselors. In terms of certifying bodies there is also a proliferation of accrediting units: Council for Accreditation of Counseling and Related Educational Programs (CACREP), Council of Rehabilitation (CORE), The Academy (CCMHC), National Council for Accrediting Teacher Education (NCATE), North Central Association (NCA), and the State Department approval of school counselor certification. This list of credentials and the corresponding certifications clearly indicate that there has been an explosion essentially during the decade of the eighties in certification of counselors in varied settings across the country. It is important to note here that the current practice by NCATE is that if the Counselor Education Program has CACREP approval, then the program will be given automatic approval by NCATE and does not have to stand for accreditation review by NCATE. This further example of professional acceptance of accreditation, even by a different accrediting agency, has far flung implications for the certification process. For instance, the State Department approval of a counselor education program when they have CACREP accreditation without the customary visit by state department personnel and the corresponding report could provide great time and money savings. This concept is nearly reality in some states at the current time. It is also necessary to include the fact that at the present time over one half of the states have enacted their own licensure law to regulate community counseling within their state. Generally these licenses do not include school counselors, but it does add to the fact that credentialing of counselors is expanding at a very rapid rate. Marriage and Family counselors have recently requested that CACREP should include a specialty area for marriage and family. Currently CACREP has specialties standards in: school counseling, agency counseling, mental health counseling and student affairs practice in higher education.

The Supervision credential that has recently been created by the Association for Counselor Education and Supervisors (ACES) has far reaching implications for our field. Counselor educators have always been assumed to have acquired supervision skills as a part of their doctoral studies even though actual courses on supervision were not traditionally part of the curriculum. Counselor educators learned supervision by having been supervised during their studies. With the advent of a supervision credential the counselor educator would be required to demonstrate supervision knowledge and skill. The counseling/guidance supervisor in an individual school, school district, large city system, community agencies, or at the state department level might be required to also document their supervision knowledge and skill if the Supervision credential were to gain widespread acceptance. These two examples indicate the widespread ramifications for counseling supervision within our profession.

The examples cited above have been implemented at the national level in the field of counseling and have implications for counselors within Illinois regardless of the specific location of employment. School counselors, mental health, agency and private practice counselors will be impacted by these certification developments at the national level.

There are also several issues that are specific to Illinois in the area of credentialing which must be addressed. The Illinois Association for Counselor Education and Supervision (ICES) and the Illinois School Counselor Association (ISCA) spearheaded a statewide effort to upgrade the certification of school counselors in Illinois. Through a joint task force of counselor educators, school counselors, directors of guidance and state department personnel, a comprehensive certification plan was created, over many years of work, that was thought to reflect the knowledge and skill that a school counselor should possess to work with today's youth in our schools. The task force submitted their plan to the ISBE Certification Board and with minor changes the plan was approved in the summer of 1989.

The Illinois Association for Counseling and Development (IACD) has been actively involved in a licensure movement for counseling in Illinois. To date, our efforts have been thwarted at several levels, but many members of the Association see this licensure thrust as the most critical issue facing our association. There are also association members who hold a divergent view and do not see licensure as a critical issue for our association. The fact

remains that over one half of the states have enacted licensure laws and additional states are working diligently within the legislative bodies in their states to enact a licensure law. Currently in Illinois, the public has no protection from someone who, regardless of training, could advertise a counseling service and perform a "professional" counseling service. The public has the right to expect that someone who uses the title of counselor has some generally accepted knowledge and skills which have been endorsed and licensed by the State.

The author currently serves as the Chair of an ACES committee, "Credentialing Revisited" which is comprised of representatives of many major organizations that currently are involved in credentialing of counselors. He also serves as a member of an AACD committee that is exploring the current status of accreditation and credentialing across our counseling profession. The ACES committee has gathered professional opinions for counselor educators and supervisors from across the country about the credentialing process. The committee is attempting to assess the current thinking about credentialing and then to provide the Executive Council of ACES with recommendations. The AACD has the same general goal, but because it represents all constituents of AACD, the committee is more broad in its scope. Therefore, currently there are two committees that are attempting to determine the current status of certification in our field and to create guidelines for our profession to govern the expansion of certification which is currently underway and expansion which can be anticipated for the future.

The Future of Illinois Counselor Preparation



Robert J. Nejedlo

"It is a satisfying, gratifying experience to focus on the future of counselor preparation in Illinois knowing that we have had a productive history and anticipating that the future will bring with it even greater achievements."

—Robert J. Nejedlo

This special edition presents a chronicled history of counselor preparation in Illinois. To have this history of the development recorded in the annals of the Association's journal is a valuable contribution to the literature and the profession. As I look in retrospect over the historical years, it is at once apparent that Illinois has compared favorably with other states in the advancement of quality counselor preparation programs.

TEAMWORK AMONG COUNSELOR EDUCATORS AND SUPERVISORS IN ILLINOIS

For years Illinois has been a leader among the states in providing quality counselor preparation at its formerly 17 and now 14

Robert J. Nejedlo, Ph.D., is a Professor at Northern Illinois University.

counselor preparation institutions. Much of the credit for this justly is attributed to the counselor educators and supervisors working with the Pupil Personnel Services staff in the Illinois State Board of Education. In the days of Bob Zeller and Glenn Waterloo (two of the counselor supervisors who were able to have significant impact on counselor preparation, state certification standards, and professional development of counselors in Illinois), much progress was made in upgrading professional preparation and in-service programming. Sad to say, the significant leadership impact from the Illinois State Board of Education has been reduced to a bare minimum by administrative changes at the State Board of Education level.

In recent years (1975-1990), it has only been because of the teamwork of counselor educators and supervisors that the necessary up-grading of certification standards has been initiated. This demonstration of pulling together to bring state certification standards in line with national accreditation standards, is evidence of the commitment of counselor educators and supervisors in Illinois to elevate the preparation of counselors and human development professionals. It is this type of committee teamwork that gives indication that Illinois will continue to have leadership with vision and action to create, design, and implement needed changes.

We are living in an era of empowering leadership. It is good to see that present senior supervisors and counselor educators are enabling or empowering the incoming new professionals by including them in leadership activities, encouraging their professional development, and collaborating with them on new initiatives. This type of mentoring activity bodes very well for the future as we engage in teamwork to ensure the best possible professional preparation for counselors.

STATE AND NATIONAL LEADERS IN ILLINOIS

As a state, Illinois has done well in producing leaders who contributed to the counseling and development profession both in the state and in the nation. Throughout the years, leaders in Illinois have contributed their leadership talents by serving on regional and national committees, coordinating national conventions, chairing committees, serving in governance positions, and being elected to regional and national offices. Illinois has had counselors, counselor educators, and supervisors representing professionals in the state, region, and nation. Three AACD

presidents and three ACES presidents have been elected from Illinois.

With this richness of leadership in the state, it is safe to say that future leaders will be developed, and they will take their places in working with their colleagues in Illinois as well as at regional and national levels.

TOWARD A 48-CREDIT MASTER'S DEGREE PROGRAM

In a recent survey (November 1990), it was learned that of the 14 colleges or universities offering master's degrees in counseling, 1 program requires 50 credits (semester), 8 programs require 48 credits, 1 (Roosevelt) requires 48 credits for agency counseling and 36 for the others, 1 (Concordia) requires 48 credits for school counseling and 36 credits for human services, 1 requires 36 credits, 1 requires 33 credits, and 1 requires 32 credits. All four programs requiring less than 48 credits indicated that they would likely be increasing their program to 48 credits (see Table 1). Illinois' counselor educators are in agreement that a 48 semester credit master's program is regarded as the desired standard for an adequate counselor preparation program.

TABLE 1
Illinois' Present and Future Master's Programs in Counseling

College/University	Master's Degree # Credits		CACREP Accreditation		*Areas of Emphasis (MS)	
	Now	In the Future	Now	In the Future	Now	In the Future
Bradley University	48		No	Yes	CCOAS, SC, SAC	MHC
Chicago State University	33	48	No	Yes	CCOAS, SC	
Concordia College	48		No	Yes	SC (Hum. Ser. 36 cr.)	GC, CCOAS
DePaul University	48		No	Yes	Family, Human Service Mgt., CCOAS, SC, SAC	
Eastern Illinois University	32	48	No	Yes	CCOAS, SC, SAC	
Governor's State University	48		No	Yes	CCOAS, SC	
Illinois State University	48		No	Yes	CCOAS, SC	SA
Loyola University	48		No	Yes	CCOAS, SC, MFC	
Northeastern Illinois University	36	48	No	Yes	CCOAS, SC, Family	
Northern Illinois University	48		Yes		CCOAS, SC, SAC	
Roosevelt University	36	48	No		SC, Sub. Abuse, Hum. Res. Dev., GC, Com.	
Sangamon State University	50		No	Yes	CCOAS, SC	
Southern Illinois University- Carbondale	48		Yes		CCOAS, SC	MH, MFC
Western Illinois University	48		Yes		CCOAS, SC, SAD	

*CCOAS=Counseling in Community and Other Agency SC=School Counseling SAC=Student Affairs Practice in Higher Education—counseling emphasis SAD=Student Affairs Practice in Higher Education—developmental emphasis MFC=Marriage and Family Counseling MHC=Mental Health Counseling GC=Gerontological Counseling

Three universities (Northern Illinois, Southern Illinois, and Western Illinois) already have CACREP accreditation. Three additional universities (Bradley, Governor's State, and Illinois State) plan to have the CACREP Visitation Team on their campuses within the next year. Seven universities did not have specific plans for a year when the CACREP Visitation Team would be on their campuses. These colleges/universities were Chicago State, Concordia, Eastern Illinois, Loyola, Northeastern Illinois, Sangamon State and DePaul University. Roosevelt University was uncertain about whether they would seek CACREP accreditation.

There is some movement in the United States from a national level that a 60-credit program ought to be the standard for counselor preparation. While I was a proponent of this position in 1983 and 1984, and still do believe that a 60-credit program is ideal, I am now of the opinion that counselor preparation programs would be priced out of the market if we were to move to 60-semester hour programs. Future students would then be more apt to choose social work programs because those programs would take less time to complete, and salaries for social workers are higher than salaries for community agency counselors.

AREAS OF EMPHASIS WITHIN MASTER'S PROGRAMS

All counselor preparation programs in Illinois offer master's degrees with an emphasis in school counseling. These programs are accredited by the Illinois State Department of Education (ISBE). It is expected that ISBE will increase its school counseling certification standards to more closely approximate the CACREP standards.

It is also true that all counselor preparation programs in Illinois offer preparation in community agency counseling. Five programs (Bradley, DePaul, Eastern Illinois, Northern Illinois, and Western Illinois) offer areas of emphasis in student affairs practices in higher education. Three programs offer family/marriage counseling (DePaul, Loyola, and Northeastern). DePaul offers a human services management program, and Roosevelt offers a human resource development program. Roosevelt also offers a master's program in substance abuse (see Table 1).

In terms of future areas of emphasis, it looks like marriage and family counseling and gerontological counseling may be the wave of the future. The faculties at Bradley University and Southern Illinois University at Carbondale are considering adding marriage

and family counseling programs to their curriculum; DePaul, Loyola, and Northeastern already offer this emphasis. Roosevelt University offers preparation in counseling the elderly. When a faculty member at Concordia College was asked if their faculty had thought of any new programs in the future, he indicated that perhaps gerontological counseling would be a possibility.

Most faculties do not seem to be giving thought to what additional areas of emphasis they might add. Faculty chairs or their representatives of 11 universities indicated that they did not have plans in the future for adding other areas of emphasis in the master's program. This viewpoint seems to indicate a satisfaction with the status quo.

POST-MASTER'S PROGRAMS

According to the November 1990 survey I conducted, there are three programs that offer an educational specialist degree (Ed.S. or C.A.S.). They are Concordia College, Northern Illinois University, and Eastern Illinois University. Bradley University may offer an Ed.S. or C.A.S. within the next five years. In this same regard, Governor's State University will probably have an Ed.S. or C.A.S. in the future, and Sangamon State University is uncertain about it.

There are three Illinois universities that offer the doctorate in counseling. Loyola University and Southern Illinois University offer the Ph.D. degree, and Northern Illinois University offers the Ed.D. degree. Concordia College expects to offer an Ed.D. in human services within three years. All other universities do not expect to add any post-master's degree programs.

LOOKING TOWARD THE FUTURE

Based on my experience and the data elicited from the survey alluded to earlier, I will conclude with some observations about the future of counselor preparation in Illinois.

There is good teamwork apparent among counselor educators. When state certification standards for school counselors needed to be changed, representatives from all 14 counselor preparation institutions came together, along with counseling supervisors, to work harmoniously to develop the new standards.

Counselor educators in Illinois take seriously their professional responsibility to transmit quality preparation for emerging professionals. Professional standards are important to all of us.

The fact that 10 of the 14 counselor preparation programs already have 48-semester credit master's degree programs in place, and the fact that all 4 of the remaining programs intend to have 48-hour programs is an outstanding accomplishment. In the next few years, very few states will be able to match this accomplishment. What a significant outcome to demonstrate that counselor educators in Illinois desire to meet national professional preparation standards! We are also proud that our colleges and universities support this movement to achieve quality professional standards. With three universities being CACREP accredited, and ten more universities indicating movement toward CACREP accreditation, Illinois will indeed maintain its status in having counselor preparation programs that meet the highest professional standards.

Illinois' history of state leaders doing well and becoming appointed and elected to leadership positions at regional and national professional organization levels, is a strong indicator of the quality of leadership present in this state. Our goal can be one of fostering leadership development through active leadership development programs, mentoring, and networking.

In terms of areas of emphasis in master's degree programs, the major strong areas will continue to be school counseling, counseling in community and other agencies, and student affairs practice in higher education. We are likely to see areas of emphasis added in marriage and family counseling and gerontological counseling. In this way counselor preparation programs will be able to prepare counselors to work with the complexities of family life styles and the growing number of our aging citizens.

Regarding post-master's degree programs, there appears to be a slight trend toward increasing the number of educational specialist (Ed.S.) or certificate of advanced studies (C.A.S.) programs. It is likely that this trend is responding to the need for greater specialization in selected areas of the counseling profession. The doctoral counseling programs continue to prepare future counselor educators and advanced level practitioners. These individuals then either work in Illinois or take positions throughout the world.

It is a satisfying, gratifying experience to focus on the future of counselor preparation in Illinois knowing that we have had a productive history and anticipating that the future will bring with it even greater achievements.

REFERENCES

- Hollis, J. W., & Wantz, R. A. (1990). *Counselor preparation 1990-92: Programs, personnel, trends* (7th ed.). Muncie, IN: Accelerated Development, Inc.
- Nejedlo, R. J. (1990, November). Survey of counselor preparation institutions in Illinois. Telephone and personal interviews.

IACD OFFICERS

PRESIDENT

Twyman Jones
Normal

PAST PRESIDENT

Bea Wehrly
Macomb

SECRETARY

Robin Smith
La Grange Park

TREASURER

Edward Hamann
Peoria

PRESIDENT ELECT

Dean Van Diver
Springfield

ADMINISTRATIVE COORDINATOR

Don Moler
Charleston

PARLIAMENTARIAN

Lori Russell
Peoria

EXECUTIVE BOARD

Jo Ann Hummers
Macomb (1993)

George Altha McCoy
Lombard (1993)

J. D. Hawkins
Normal (1992)

Robert Watters
Rock Island (1992)

Bob Cheffer
Elmhurst (1991)

Marilyn Penland
Aurora (1991)

IACD DIVISIONS

IAMCD

Gwendolyn Greenwood
Chicago

IAMECD

Rick Myer
DeKalb

ICDA

Richard Longfellow
Dixon

ICPA

Robert Abene
Northbrook

IMHCA

Philip Fleming
Canton

ISCA

Steve McClure
Manito

ICES

Dale Septeowski
Lombard



department of educational
psychology and guidance

Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Contents:

- **Identity Development of Traditional Age Female College Students**
- **Moral Self-Concept of Adult Survivors of Childhood Sexual Victimization**
- **A Comparative Follow-up Study of ISU Graduates and National Certified Counselors**
- **Status Report of Elementary School Counseling in Illinois**

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

IACD

Number 121

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

EDITORIAL BOARD



SPRING 1991

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, M.S. (1991)
Director of Counseling
North Central College
Naperville, IL 60266-7063

Deborah Gough, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR

M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR

Joan Green
Western Illinois University
Macomb

MANAGING EDITOR

Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Donald Moler, Illinois Association for Counseling and Development, Box 220, Charleston, IL 61920.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Table of Contents

**Moral Self-Concept of Adult Survivors of
Childhood Sexual Victimization**

Sandra R. Apolinsky and S. Allen Wilcoxon 2

**A Comparative Follow-up Study of
ISU Graduates and
National Certified Counselors**

Donna Bruyere and Anita Curtis 17

**Status Report of
Elementary School Counseling
in Illinois**

Anita Curtis, Bette Toborg,
Steve McClure, and Dale Septeowski 31

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Moral Self-Concept of Adult Survivors of Childhood Sexual Victimization

Sandra R. Apolinsky and S. Allen Wilcoxon

This article provides a discussion of the relationship between issues of moral self-concept development and adult survivors of childhood sexual victimization. Discussions of moral self-concept development typically focus on the emergence of one's self-concept in predictable, sequential manner with little mention of the effects of trauma in this sequence. The authors contend that moral self-concept can be affected by trauma, particularly for victims of sexual abuse. Following a review and attempted integration of related literature, the authors describe the use of a counseling group for adult survivors of victimization as a vehicle for enhancing moral self-concept of group participants.

Interest in morals and morality as a psychological construct has been renewed in the last three decades. If a person has spent time with young children, s/he knows there is a time when one can say, "Running in the house is not allowed!" and get away with it. For young children, rules simply exist. Piaget (1963) called this "the stage of moral realism." At this stage, the child of five or six believes that rules about conduct or rules about how to play a game are absolute and can't be changed. If a rule is broken, the child believes that the punishment should be determined by how much damage is done, not by the intention of the child or by other circumstances. So accidentally breaking three cups is worse than intentionally breaking one, and in the child's eyes, the punishment for the three-cup offense should be greater.

As children interact with others and see that different people have different rules, there is a gradual shift to a morality of cooperation. Children come to understand that people make rules and people can change them. When rules are broken, both the damage done and the intention of the offender are taken into

Sandra R. Apolinsky, Ph.D., is Temporary Assistant Professor of Counselor Education and S. Allen Wilcoxon, Ed.D., is Associate Professor of Counselor Education at The University of Alabama, Tuscaloosa.

into account. These developmental changes and others are reflected in Kohlberg's theory of moral development, based in part on Piaget's ideas.

The purpose of this article is to explore how adult survivors of childhood sexual victimization were affected by participation in a group therapy format. An empirical investigation has been conducted to determine the utility of the group in affecting moral self-concept for group participants. Many theorists recognize that the self-concept is multidimensional and complex. An important domain to be considered is how do adults (and adult women survivors of childhood sexual victimization in particular) assess domain specific aspects such as the moral-ethical self? By utilizing the Messer and Harter (1986) *Adult Self-Perception Profile*, attention was focused on changes in moral self-concept resulting from participation in a structured group therapy format. Morality was defined as "one's behavior based on standards of conduct, of what is right or wrong. Morality refers to living up to one's moral standards and feeling that one's behavior is ethical." (p. 5).

By exploring Piaget's cognitive developmental approach to morality set against Kohlberg's stages of moral development, a detailed structure of children's moral development will be presented. Morality will be defined as the doctrine of right and wrong in human conduct. As mentioned, the two dominant theories of moral development, Piaget's cognitive developmental approach and Kohlberg's moral stages of development will provide the background for the article.

Piaget's cognitive developmental approach to morality was developed through studies which utilized two-part stories presented to children between the ages of four and thirteen. In one set of stories, a little boy named John is called to dinner. As he opens the dining room door, the door slams into a tray holding 15 cups, which was totally obstructed from his view when he entered. As a result, all of the cups are broken. In the other story, a little boy named Henry wants to get some jam from the cupboard while his mother is away from the house. Climbing on a chair, he reaches for the jam, but in the process knocks over a cup and breaks it.

In the follow-up conversations, Piaget found that young children felt that the first story was "naughtier," because of the number of cups that were broken. The boy's unintentional knocking over of the cups that were out of sight had no influence on the subjects; rather, they were affected by the total property value of each

mistake. Older children, however, considered the second stories to be worse because, as Piaget explains, they begin to judge right and wrong behavior on the basis of the motives involved. Younger children judged John to be the guiltier because he had done more damage. They disregarded the innocence of his intention in opening the door and his ignorance that the cup-laden tray was behind the door. Children of about seven or more held Henry guiltier because he had broken the cup while reaching for the jam, which presumably he should not have in his mother's absence. But the older children took into account that neither John nor Henry had meant to break the cups.

Piaget concluded that children's views of good and bad changed as children grew and that their moral development progressed with their cognitive development. He decided that moral development occurred in two general stages. The development of moral judgments during the early years was referred to as moral realism. In this stage (generally below 8 or 9 years of age), a child will receive rules from parents without being totally aware of or understanding their reason. Rather, rules are viewed as being sacred and untouchable. Also, the child believes that the purpose of punishment is atonement for one's sins.

In the second stage, which begins to emerge at age seven or eight, the sense of right and wrong develops from within as a result of social contact, chiefly with the child's contemporaries. The view of morality then corresponds to the need to get along with others, and reflects the child's newly acquired capacity for putting her/himself in someone else's place. Rules are no longer handed down from on high and can be revised or abandoned by agreement.

It is not until the age of ethics and mutual respect is reached that the child becomes aware of the meanings of rules and the reasons for them. At this point (beginning after 9 or 10 years of age), rules are gradually viewed by the child as a product of mutual consent and respect, and they are understood in relation to the principles they uphold. Children also come to realize the seriousness of wrongdoing if the punishment fits the act itself. Justice is based on an "eye for an eye, tooth for a tooth" idea, whereby the pain felt by the transgressor must be proportional to the pain inflicted upon others. Older children believe that punishment should serve the function of putting things into proper perspective. Thus, for example, upon hearing a story of a boy who broke his little brother's toy, older children recommend that the

boy should give the brother one of his own toys (reciprocity) or pay to have it fixed (restitution). Younger children generally say that the boy should be deprived of his own toys for a week. There emerges a social, cooperative, logical flavor to the older child's moral reasoning.

TABLE 1

Developmental Milestones

<i>Educational Status (Age)</i>	<i>Developmental Milestones</i>	<i>Developmental Tasks</i>	<i>Dimensions of Supportive Environments</i>	<i>Freudian (psychosexual)/ Eriksonian (psychosocial)/ Piagetian (cognitive)</i>
Infancy (0-18 mos.)	Social smile (3 mos.) Differential response to specific persons Stranger anxiety/ separation anxiety Sit alone Crawl, walk	Establish social bonds with caregivers (attachments) Acquire sense of trust & security	Warm, sensitive, & responsive caregivers	Oral Basic Trust vs Mistrust Sensory Motor Intelligence (Stage I Moral Development)
Toddler (1-3 yrs.) Nursery	Speech Toilet Training Physical independence Self-assertion Object permanence	Develop sense of autonomy Separate from caregiver to explore environment; continuing to use caregiver as source of support Impulse control	Tolerance for assertion Consistent limit setting Structured environment	Anal Autonomy vs Shame, Doubt Preoperational thought
Preschool (4-6 yrs.) Kindergarten	Acquisition of social/sex roles Assimilation of social values/beliefs Cooperative/ sociodramatic play	Integrating perceptual & motor control Improving communication skills Mastering self-care activities Establishing peer relationships Learning right vs wrong	Exposure to a variety of socio-cultural roles & values	Phallic Initiative vs Guilt Preoperational thought

<i>Educational Status (Age)</i>	<i>Developmental Milestones</i>	<i>Developmental Tasks</i>	<i>Dimensions of Supportive Environments</i>	<i>Freudian (psychosexual) Eriksonian (psychosocial) Piagetian (cognitive)</i>
School Age (7-12 yrs.) Elementary	Elaboration of intellectual skills Establishment of same sex peer relations Game playing	Increasing domain of social & intellectual competence beyond home & family to school, clubs, sports, etc. Acquire sense of productivity Acquire sense of mutuality/reciprocity in social rems	Opportunities to experience success Opportunities to interact with peers Intellectual stimulation	Latency Industry vs Inferiority (competence) Concrete Operational thought (Stage Two Moral Development)
Adolescence (13-19 yrs.) Jr. & Sr. High School	Physiological changes accompanying puberty Transition from same sex to mixed sex peer groups Future orientation	Achieve a sense of identity Achieve independence from family Elaborate system of values Develop intimate relationships	Consistent expectations Willingness to let go Respect & encouragement of individuation & autonomy	Identify vs Role Diffusion Formal operational thought

Adapted from Erikson, E. H. (1963). *Childhood and Society* (2nd ed.) New York: Norton.

TABLE 2

Piaget's and Kohlberg's Stages of Moral Development

Piaget's 2 stages of morality

Kohlberg's 6 stages of morality

Level 1

Preconventional moral reasoning

Judgment is based on personal needs and others' rules.

- Stage 1. (Up to age 7) Morality imposed from without
- Stage 2. (Age 7 on) Morality develops from within as a result of a social contract

- Stage 1. Punishment-Obedience Orientation
Rules are obeyed to avoid punishment. A good or bad action is determined by its physical consequences. "Good results in praise, agreement with authority."

(Table 2 continued on page 7)

Piaget's 2 stages of morality

Kohlberg's 6 stages of morality

- Stage 2. Personal Reward Orientation
Personal needs determine right and wrong. Favors are returned along the lines of "You scratch my back, I'll scratch yours."
Good is what satisfies a need.

Level 2

Conventional moral reasoning

Judgment is based on others' approval, family expectations, traditional values, the laws of society, and loyalty to country

- Stage 3. Good Boy-Nice Girl Orientation
Good means "nice." It is determined by what pleases, aids, and is approved by others. Good results in being liked.
- Stage 4. Law and Order Orientation
Laws are absolute. Authority must be respected and the social order maintained.
Good results in doing one's duty

Level 3

Postconventional, or principled moral reasoning

- Stage 5. Social Contract Orientation
Good is determined by socially agreed-upon standards of individual rights. This is a morality similar to that of the U.S. Constitution.
Good is arrived at by consensus
- Stage 6. Universal Ethical Principle Orientation
Good and right are matters of individual conscience and involve abstract concepts of justice, human dignity, and equality.
Good is determined by individual ethical principles

Adapted from L. Kohlberg (1975). The cognitive-developmental approach to moral education. *Phi Delta Kappan*, 56, 671.

Inspired by the work of Piaget, Harvard's Lawrence Kohlberg has provided more detailed structure in formulating a theory of children's moral development. Like Piaget, Kohlberg feels that

morality is developed in a series of stages. His theory considers six of these, categorized within three major levels: the preconventional level (0 to 9 years), the conventional level (9 to 15 years), and postconventional moral principles level (age 16 and over).

At the preconventional level, children have little conception of what socially acceptable moral behavior means, but through two stages, they begin to display signs of initial moral behavior. In stage one, the obedience and punishment orientation, children begin to follow rules in order to avoid punishment. During this initial stage, youngsters conform to rules imposed on them by authoritarian figures. True rule awareness has not been established; rather, children's moral conduct is based largely on fear associated with rule violations. Kohlberg, like Piaget, also maintains that the seriousness of a violation at this time depends on the magnitude of the wrongdoing.

In stage two, the naively egoistic orientation, children reason that by taking the right action, they usually earn some tangible reward. Kohlberg feels that a sense of reciprocity is in operation here; that is, children will do the right thing not only to satisfy their own needs but also to satisfy the needs of others. If the latter is the case, they reason that some sort of return favor will be in order ("You scratch my back and I'll scratch yours").

During Kohlberg's later stages of morality, the nature of morality undergoes significant change. Morality is shaped by such factors as one's desire to win praise and recognition from others or to maintain some type of social order. By the time late adolescence is reached, individuals commit themselves to a set of internalized moral standards that govern behavior.

Kohlberg's theory, like Piaget's, rests on cognitive reasoning. Thus, any advancement in morality requires advanced intellectual functioning. A definite parallel exists between one's moral reasoning and cognitive operations. Not everyone reaches Piaget's cognitive plateau of formal operations, nor does everyone attain the stage of postconventional moral principles proposed by Kohlberg. Kohlberg found that moral reactions varied according to the child's level of maturity.

While moral development is shaped by various influences throughout Kohlberg's stages, certain influences are critical during the early years. The disposition of the parents and the encouragement of dialogues on value issues, such as role-playing situations, are important for the foundation of sound moral

principles. Cultural differences are also relevant. Middle-class children appear to have more opportunity to perceive the influential roles of society's basic institutions (government, law, rules, etc.) than do lower-class children. Also, the greater the children's participation with others, either in social groupings or in institutional settings, the greater the chances that the children will develop social responsiveness.

At level 3 (the postconventional level), the subject is able to consider the underlying, individual values that might be involved in the decision. Abstract concepts are no longer rigid; as the name of this level implies, principles can be separated from conventional values. A person reasoning on this level understands that what is considered right by the majority may not be considered right by an individual in a particular situation. Rational, personal choice is stressed. When individuals at this level choose to break society's rules, they accept the consequences as dictated by the society. Part of Mahatma Gandhi's doctrine of nonviolent resistance, for example, was acceptance of imprisonment.

The development of moral reasoning can be seen in relation to both cognitive and emotional development. Empathy and formal operations in particular play large roles in a progression through Kohlberg's stages and levels. Abstract thinking becomes increasingly important in the higher stages, as children move from decisions based on absolute (though in some cases fairly abstract) rules to decisions based on principles such as justice and mercy. The abilities to see another's perspective and to imagine alternative bases for laws and rules also enter into judgments at the higher stages.

Kohlberg (1975) believes that the postconventional level, stages five and six, is attained as a consistent style of moral thinking only in adulthood, usually not before the late twenties. In stage five, an individual acknowledges and abides by society's rules, not so much from a sense of duty as because the rules represent a consensus. Unlike stage four, the stage five individual realizes that what seems just and right today to a majority may be considered unjust and wrong next year. S/he is prepared to accept and even work for change, provided it is brought about by legal procedure. Stage five has been called the "official morality" of the American government.

Only a minority of people ever reach stage six. Here one's conscience guides one's behavior in accordance with self-chosen ethical principles. The definition of goodness as the greatest

personal liberty that is compatible with equal liberty for everyone else exemplifies such principles. The principles must be logical, consistent, broad enough to cope with most moral dilemmas, and applicable to everyone.

TABLE 3
Kohlberg's Six Moral Stages

<i>Level and Stage</i>	<i>What is Right</i>	<i>Reasons for Doing Right</i>	<i>Social Perspective of Stages</i>
Level I: Preconventional Stage 1: Heteronomous morality	To avoid breaking rules backed by punishment, obedience for its own sake, and avoiding physical damage to persons and property	Avoidance of punishment, and the superior power of authorities	Egocentric point of view. Doesn't consider the interests of others or recognize that they differ from the actor's doesn't relate two points of view. Actions are considered physically rather than in terms of psychological interests of others. Confusion of authority's perspective with one's own.
Stage 2: Individualism, instrumental purpose, and exchange	Following rules only when it is to someone's immediate interest; acting to meet one's own interests and needs and letting others do the same. Right is also what's fair, what's an equal exchange, a deal, an agreement.	To serve one's own needs or interests in a world where you have to recognize that other people have their interests, too.	Concrete individualistic perspective. Aware that everybody has his own interest to pursue and these conflict, so that right is relative (in the concrete individualistic sense)
Level II: Conventional Stage 3: Mutual interpersonal expectations, relationships, and interpersonal conformity	Living up to what is expected by people close to you or what people generally expect of people in your role as son, brother, friend, etc. "Being good" is important and means having good motives, showing concern about others. It also means keeping mutual relationships.	The need to be a good person in your own eyes and those of others. Your caring for others. Belief in the Golden Rule. Desire to maintain rules and authority which support stereotypical good behavior.	Perspective of the individual relationships with other individuals. Aware of shared feelings, agreements, and expectations which take primacy over individual interests. Relates points of view through the concrete Golden Rule, putting yourself in the other guy's shoes. Does not yet consider generalized system perspective.

<i>Level and Stage</i>	<i>What is Right</i>	<i>Reasons for Doing Right</i>	<i>Social Perspective of Stages</i>
Stage 4: Social system and conscience	Fulfilling the actual duties to which you have agreed. Laws are to be upheld except in extreme cases where they conflict with other fixed social duties. Right is also contributing to society, the group, or institution.	To keep the institution going as a whole, to avoid the breakdown in the system "if every one did it," or the imperative of conscience to meet one's defined obligations. (Easily confused with Stage 3 belief in rules and authority; see text)	Differentiates societal point of view from interpersonal agreement or motives. Takes the point of view of the system that defines roles and rules. Considers individual relations in terms of place in the system.
Level III Postconventional or principled Stage 5: Social contract or utility and individual rights	Being aware that people hold a variety of values and opinions, that most values and rules are relative to your group. These relative rules should usually be upheld, however, in the interest of impartiality and because they are the social contract. Some nonrelative and rights like life and liberty, however, must be upheld in any society and regardless of a majority opinion.	A sense of obligation to law because of one's social contract to make and abide by laws for the welfare of all and for the protection of all people's rights. A feeling of contractual commitment, freely entered upon, to family, friendship, trust, and work obligations. Concern that laws and duties be based on rational calculation of overall utility. "the greatest good for the greatest number."	Prior-to-society perspective. Perspective of a rational individual aware of values and rights prior to social attachments and contracts. Integrates perspectives by formal mechanisms of agreement, contract, objective impartiality, and due process. Considers moral and legal points of view, recognizes that they sometimes conflict and finds it difficult to integrate them.
Stage 6: Universal ethical principles	Following self-chosen ethical principles. Particular laws or social agreements are usually valid because they rest on such principles. When laws violate these principles, one acts in accordance with the principle. Principles are universal principles of justice: the equality of human rights and respect for the dignity of human beings as individual persons.	The belief as a rational person in the validity of universal moral principles, and a sense of personal commitment to them.	Perspective of a moral point of view from which social arrangements derive. Perspective is that of any rational individual recognizing the nature of morality or the fact that persons are ends in themselves and must be treated as such.

Adapted from Kohlberg, L. (1976). "Moral stages and moralization." In T. Likona (Ed.) *Moral development and behavior*. New York: Holt Rinehart and Winston.

THE VICTIMIZATION GROUP EXPERIENCE: OVERVIEW

Group members participated in a ten-week structured group therapy program (Apolinsky & Wilcoxon, 1991). Messer & Harter's (1986) *Adult Self-Perception Profile* was administered pretest and posttest. The domain of moral self-concept was explored.

One artifact of childhood sexual victimization often is lowered self-concept. Self-concept, an individual's perception of their self-worth, is a multidimensional theoretical construct. An important domain within the construct is one's perception of one's moral self or sense of morality (standards of right and wrong or good and evil). The study investigated whether adult survivors of childhood sexual victimization perceived their moral self-concept enhanced as a result of their participation in a structured group therapy program.

The effect of trauma, such as childhood sexual victimization, on the emergence of moral self-concept could arguably have deleterious effects on the individual. This seems to be especially true for children who are in the process of learning what is right and wrong as well as developing a framework for reasons for doing right. Kohlberg (1976) indicated that individuals commit themselves to a set of internalized morals that govern behavior in late adolescence. It would, therefore, seem safe to assume that individuals are particularly vulnerable in determining what their moral values are if trauma such as childhood sexual victimization interrupts the normal development.

Various influences shape moral development. When childhood sexual victimization occurs and moral self-concept is impacted, does the injury preclude remediation? The study investigates whether the moral self-concept can be affected/enhanced through a group process intervention.

This study was conducted with adult female survivors of childhood sexual victimization. For purposes of definition in the study, an adult survivor was any woman claiming victimization and experiencing subsequent emotional difficulties as an adult related to the abuse experiences (Apolinsky, 1990). Screening criteria for inclusion in the group for women survivors included issues such as age of clients (18 or older), ability and willingness to engage in dialogue regarding victimization experiences, and motivation for participation in the group. Clients for whom group services were contraindicated were those who: (a) were in the state of extreme crisis, (b) were actively abusing chemical substances, (c) were abusing their children at the time of screening, (d) were

67

exhibiting symptoms and/or had been diagnosed as psychotic, or (e) were a danger to themselves or others (Apolinsky, 1990).

Since clients were placed into groups at the time of requests for counseling services, no attempt was made to control for demographic characteristics of participants. In this regard, the subjects (N = 30) were 29 white females and one black female, with an age range from 18-64 and a median age of 37. Other demographic data were gathered regarding subjects' marital status (single = 6; married = 10; separated = 2; divorced and not remarried = 7; other = 5), educational level (junior high = 1; high school = 8; junior college/technical = 5; college = 10; graduate study = 6, and employment (full-time = 15; part-time = 6; unemployed = 9).

Screening criteria for inclusion in the group for women survivors reflected issues such as age of clients, history of services from mental-health agencies, ability and willingness to engage in dialogue regarding victimization experiences, and motivation for participation in the group. The groups met for two hours once a week for ten weeks. The sessions were conducted in a mental health center.

The theoretical foundation for the victimization group procedure is multifaceted and eclectic in nature. Aspects of person-centered, psychoanalytic, gestalt, transactional analysis, rational emotive, and behavioral approaches are integrated into the model that was developed for these groups. The model featured both structured activities and group process experiences. In this way, planned exercises and resultant experiences can promote changes in cognitive, affective, and behavioral spheres for survivor participants. Global therapeutic issues include anger, trust, interpersonal relationships, sexuality and intimacy, self-esteem, guilt, and personal responsibility and empowerment. The groups conducted thus far employing this procedure have been led by cotherapists, both of whom have been women.

In order to ameliorate the negative effects of childhood sexual abuse and its impact on moral self-concept, the ten week group therapy sessions were conducted. All subjects (N = 30) participated in all sessions of the Intervention Program.

Each of the ten sessions provided an opportunity for dialogue, personal reflection, and planning for homework between sessions. All sessions featured a common introductory and concluding ritual as well as both structured exercises and opportunities for spontaneous interactions. The sequence and focal topics for the

group program were as follows:

- Session I — "The Victimization Experience and Its Significance"
- Session II — "Secrecy and Disclosure"
- Session III — "Guilt and Depression"
- Session IV — "Self-Blaming Beliefs, Shame, and Remorse"
- Session V — "Negative Self-Image, Damaged Goods, Self-Esteem, and Sadness"
- Session VI — "Family Boundaries and Roles, Isolation, Loss, and Compulsions"
- Session VII — "Fear and Anxiety, Mistrust of Men, and Sexuality"
- Session VIII — "Hostility and Rage: The Offending and Nonoffending Parent"
- Session IX — "Completing Developmental Tasks, Social Assertiveness, and Preparing to End the Group"
- Session X — "Self-Mastery and Control"

Groups were led by female co-facilitators, the senior author and a colleague, following a three-hour training session for the colleague. Groups were formed when a minimum of 15 participants had been screened and accepted for group membership. Once initiated, groups were closed to new members. Group assignment was randomly determined by the co-facilitators. Pretreatment data were collected from all subjects prior to Session I using the *Adult Self-Perception Profile* (Messer & Harter, 1986). Post test data were collected using the same instrument at the conclusion of Session X.

The *Adult Self-Perception Profile* was developed to assess perceptions of self-worth and adequacy as measures of self-concept for adults (Messer & Harter, 1986). The impact of the group intervention model on the domain of moral self-concept was assessed in the study. Differences in pretest/posttest measures utilizing the *Adult Self-Perception Profile* Messer & Harter, 1986) were calculated for the thirty participants. Results indicated 43% (13 subjects) demonstrated enhanced moral self-concept scores, 27% (8 subjects) demonstrated a decrease in their moral self-concept scores, and 30% (9 subjects) demonstrated the same or no change in their moral self-concept scores. These findings seem to suggest the usefulness of group intervention as a method of enhancing moral self-concept with adult survivors of childhood sexual victimization.

CONCLUSIONS AND IMPLICATIONS

Browne and Finkelhor (1986) noted that two relevant issues from the victimization literature were the use of empirical methods to determine the efficacy of intervention attempts and a procedure or model that could be utilized. Both of these issues were addressed in this study, making it a departure from the more traditional "suggested techniques" noted in previous victimization literature. Benefits of group intervention noted in this study were consistent with the findings of Herman and Hirschman (1981) and Baker (1985). Further, the absence of any published evidence in the professional literature regarding an integrated, sequential group procedure similar to the Intervention Program employed in this study seems to suggest a need to develop such programs and examine their effectiveness in comparative studies.

The article provides a discussion of the relationship between issues of moral self-concept development and adult survivors of childhood sexual victimization. The literature suggests that moral self-concept develops in a predictable, sequential manner that could be affected by trauma, particularly for victims of sexual abuse. In order to ascertain if moral self-concept impacted by childhood sexual abuse could be enhanced with this population, an integrated, structured, 10 week group therapy program was conducted. The positive results of the study suggest that further investigation is recommended. Also, it appears that other negative effects of childhood sexual victimization might also be studied to ascertain if they, too, might respond to intervention.

REFERENCES

- Apolinsky, S. R. (1990). *Symbolic confrontation as a counseling technique to enhance self-concept and decrease depressing for adult survivors of childhood sexual abuse*. Unpublished doctoral dissertation, The University of Alabama, Tuscaloosa.
- Apolinsky, S. R. & Wilcoxon, S. A. (1991). "Adult survivors of childhood sexual victimization: A group procedure for women." *Specialists in Group Work*.
- Baker, C. R. (1985). *A comparison of individual and group treatment of sexually abused adolescent females*. Unpublished doctoral dissertation, University of Maryland, College Park.
- Brown, A. & Finkelhor, D. (1986). "The traumatic impact of child sexual abuse: A conceptualization." *American Orthopsychiatric Association*, 55, 530-541.

- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Herman, J. U. & Hirschman, L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Kohlberg, L. (1975). "The cognitive-developmental approach to moral education," *Phi Delta Kappan*, 56, 671.
- Kohlberg, L. (1976). "Moral stages and moralization." In T. Kikona (Ed.), *Moral development and behavior*. New York: Holt, Rinehart and Winston.
- Messer, B. & Harter, S. (1986). *Manual for the adult self-perception profile*. Denver, CO: University of Denver.
- Piaget, J. (1963). *Origins of intelligence in children*. New York: Norton.

A Comparative Follow-up Study of ISU Graduates and National Certified Counselors

Donna Bruyere and Anita Curtis

The purpose of this article is to report a summary of the data from a follow-up study of graduates of the Illinois State University Counselor Education program, the results of a comparative analysis of the ISU graduates and a sample of National Certified Counselors, and implications of the analyses. The ISU graduates and National Certified Counselors were significantly different in age, employment settings and positions, client ages, starting and current salaries, professional involvement, and continuing education needs.

Significantly more National Certified Counselors than ISU graduates are professionally active and involved in continuing professional developments.

In the Fall of 1988, the Illinois State University counselor education faculty conducted a follow-up study of its program graduates in preparation for writing the ISBE and NCATE ten-year program evaluations (Wilborn, 1988). From data gathered in this study, a profile of the ISU graduate population emerged (Holweger, 1981) which included the following variables: sex, age, race, employment status, setting and position, income, age and race of clients served, the community work setting, continuing education needs, and professional goals, involvements, and achievement (Bruyere & Curtis, 1990).

During the time period in which the follow-up study was conducted, ISU was also in the process of planning and implementing a counselor education proposal for review by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), (Council for Accreditation of Counseling and Related Educational Programs, 1988). CACREP accreditation would offer ISU students a quality controlled education and training program, and an opportunity to apply for the National

Donna Bruyere, Ph.D. is an Associate Professor in Counselor Education at Illinois State University, Normal. Anita Curtis, Ed.D., is an Associate Professor in Counselor Education at Illinois State University, Normal

Certified Counselor title immediately upon graduation from the ISU program (National Board of Certified Counselors, 1988).

Some questions raised during the period of self-study and evaluation were:

1) Would ISU students be interested in seeking certification as National Certified Counselors?

2) What impact would the NCC certification have on graduates' professional development, goals, and activities?

3) Are there differences between demographic and professional characteristics of National Certified Counselors and ISU graduates of the last ten years?

4) Would ISU program graduates have increased opportunity for higher salaries, private practice, and/or third-party payments if they obtained the NCC credential?

Therefore, in May, 1989, the present authors sought and received permission from the National Board for Certified Counselors to conduct a survey of a computer-generated random sample of 440 National Certified Counselors. The survey questionnaire was identical to that used in the Illinois State University follow-up survey with the exception of the addition of three items which were relevant to the NCC population and of particular interest to NBCC (Bruyere & Collins, 1990).

The purpose of this article is to:

1) Report a summary of the findings of the ISU follow-up study, including the results of an analysis of gender comparisons on selected variables.

2) Present the results of a comparative analysis of participant responses to the ISU and NCC follow-up studies.

RESULTS OF THE ISU STUDY

Of the 440 anonymous surveys mailed to all ISU program graduates between 1978 and 1988, 178 useable surveys were received (46 surveys were returned to sender for insufficient or outdated addresses) resulting in a 46% return rate.

Of the respondents 28.2% were males; 71.8% females. Two-thirds of the respondents were between the ages of 28 and 40; the mean age was 35. Most respondents (95.5%) were Caucasian; 4% were Afro-Americans and .6% were Asian.

A majority of the respondents (88.4%) reported full-time employment.

Employment Setting

Employment settings most frequently reported were: Elementary or secondary school, 41%; higher education, 20%; and human services or hospitals, 22.2%.

Employment Position

Seventy-nine of the respondents reported holding the following positions: Counselor, 33.5%; teacher, 26.7%; administrator, 11.4%; and director, 8%.

Racial Background of Clients Served

The racial/ethnic background of the primary population served by the ISU graduates was largely (87.2%) Caucasian. The distribution of Caucasian clients served in settings was: elementary school, 87.2%; secondary school, 92.7%; 2/4 year college, 97.1%; and human service agency, 84.8%. The racial/ethnic background of the secondary population served was largely African-American.

Age of Clients Served

Seventy-percent of all respondents worked with clients ages 13 to 40. Sixteen percent worked with clients ages 7-12; 6.5% worked with preschool children.

Community Setting

More than half (58.4%) of the respondents worked in a city; another 21.4% worked in rural communities. Only 4.6% reported working in inner city settings.

Salaries

The mean starting salary reported was \$16,466. Starting salaries for 67% of respondents were from \$12,000 to \$25,000.

The mean current salary was \$24,581. Sixty-six percent had an income of \$21,000-\$35,000. Only 7.2% had incomes of \$35,000 and above.

The employment setting appeared to have an influence on salary. While 75% of secondary school personnel earned between \$21,000-\$35,000, 71% of college personnel and 70% of human service personnel earned between \$16,000 and \$30,000.

Job Satisfaction

Some 86.6% of the 178 ISU graduates reported being very

satisfied (59%) or somewhat satisfied (27.6%) with their job.

Reasons most frequently given by the 69 respondents (38.8%) who reported not being employed in a counseling or counseling-related position were:

- | | |
|--------------------------------|------------|
| 1) Unable to find employment | 19 (27.5%) |
| 2) Returned to the classroom | 16 (23.1%) |
| 3) Preferred a different field | 14 (20.3%) |
| 4) Raising a family | 8 (11.6%) |

Certificates Held

One-hundred two (102) respondents held teaching certificates; one-hundred eleven (111) held counseling certificates; 7 were certified Social Workers; and 1 was a licensed psychologist.

NCC Status

Sixteen of the respondents were National Certified Counselors. Forty-eight other respondents indicated that they planned to seek National Counselor Certification; of these, 23 held counseling positions, 6 were administrators, and 6 were teachers.

Professional Involvement and Achievements

The ISU respondents were professionally active. Eighty-three (83) held membership in professional organizations and attended professional workshops and conferences; 72% attended inservice workshops; 28% held leadership positions; 30% presented at conferences; 69% provided inservice workshops.

It is impressive that 32% of the ISU graduates had secured grants; 13% had published articles.

Continuing Education Interests and Needs

Approximately 79% of the ISU respondents were interested in enrolling in continuing education workshops. The preferred workshop formats included: a) 2-hour evening seminar; b) 3-hour evening seminar; c) 8-hour workshop held weekends (Friday evening and Saturday).

The training most needed to meet the expectations and demands of their current jobs included: listening skills, public relations, assertion training, behavioral self-control techniques, legal and ethical issues, community drug and alcohol programs, and program development.

For the most part, respondents rated training in specific theoretical approaches (e.g., Transactional Analysis, Rational

Emotive Therapy, Paradoxical Therapy, Cognitive Behavioral Therapy, and Gestalt Therapy) as being of little or no importance. They also indicated little need for process and outcome research.

Gender Differences

Only three differences for gender were found: a) Women tended to receive lower salaries than men (Female $\bar{X}$ = \$15,703; Male $\bar{X}$ = \$18,300; \$2,600 difference; $p \leq .069$); b) women reported a much greater need (Female $\bar{X}$ = 3.08; Male $\bar{X}$ = 2.71) for training to work with special populations (minority populations, women, minorities, geriatrics; and c) no men reported not being employed in a counseling or counseling-related position because they were raising a family.

COMPARISON BETWEEN ISU GRADUATES AND NATIONAL CERTIFIED COUNSELORS

Results

Of the 440 anonymous surveys mailed to the sample of National Certified Counselors (Bruyere & Curtis, 1990) obtaining their certification between 1979 and 1989, 218 useable surveys were received.

There were little or no significant differences between the profiles of ISU graduates and National Certified Counselors responding to the survey. Of the NCC respondents 28% are male and 72% female and most work full time. A majority (93.1) of the National Certified Counselors are Caucasian, and a small number of Black, Hispanic, Asian, and Native American are represented.

A significant difference in the age of ISU graduates and National Certified Counselors was found (ISU $\bar{X}$ = 34.75, NCC $\bar{X}$ = 43.82; $F = 2.28$; $p = \leq .0000$). With a range of 35-53, the National Certified Counselors were about ten years older than ISU graduates.

Position and Setting

A comparison of positions and settings of ISU graduates and National Certified Counselors is shown in Table 1.

Significantly more ISU graduates were teachers in elementary ($X^2 = 15.75090$; $p = \leq .0076$) and secondary ($X^2 = 21.75549$; $p = \leq .0006$) educational settings.

Significantly more National Certified Counselors were counselors

TABLE 1

Position and Setting

Setting	Position	ISU		NCC	
		<i>n</i>	%	<i>n</i>	%
Elementary	Counselor	9	19.6	11	23.9
	Director	1	2.2	0	0.0
	Administrator	1	2.2	0	0.0
	Teacher	18	39.1	1	2.2
	Consultant	1	2.2	0	0.0
	Academic Advisor	0	0.0	0	0.0
	Other	1	2.2	3	6.5
	TOTAL	31	67.4	15	32.6
Chi-square		15.75090	df 5	p < 0.0076	
Secondary	Counselor	21	31.3	22	32.8
	Director	0	0.0	3	4.5
	Administrator	1	1.5	0	0.0
	Teacher	18	26.9	0	0.0
	Consultant	0	0.0	1	1.5
	Academic Advisor	1	1.5	0	0.0
	Other	0	0.0	0	0.0
	TOTAL				
Chi-square		21.75549	df 5	p < 0.0006	
2/4 Year College	Counselor	11	12.6	23	26.4
	Director	3	3.4	8	9.2
	Administrator	8	9.2	11	12.6
	Teacher	3	3.4	6	6.9
	Consultant	1	1.1	0	0.0
	Academic Advisor	3	3.4	2	2.3
	Supervisor	3	3.4	0	0.0
	Other	3	3.4	2	2.3
	TOTAL				
Chi-square		NO SIGNIFICANT DIFFERENCE			
Human Service	Counselor	12	16.9	23	32.4
	Director	6	8.5	5	7.0
	Administrator	4	5.6	4	5.6
	Teacher	2	2.8	0	0.0
	Consultant	0	0.0	0	0.0
	Academic Advisor	0	0.0	0	0.0
	Supervisor	1	1.4	3	4.2
	Other	8	11.3	3	4.2
Chi-square		NO SIGNIFICANT DIFFERENCE			
Hospital	Counselor	3	23.1	7	53.8
	Director	2	15.4	0	0.0
	Administrator	1	7.7	0	0.0
	Teacher	6		7	
	Consultant				
	Academic Advisor				
	Other				
Chi-square		NO SIGNIFICANT DIFFERENCE			

TABLE 1, continued from page 22

Setting	Position	ISU		NCC	
		n	%	n	%
Private Practice	Counselor	2	3.5	46	80.7
	Director	0	0.0	2	3.5
	Administrator	0	0.0	0	0.0
	Teacher	0	0.0	0	0.0
	Consultant	0	0.0	3	5.3
	Trainer	0	0.0	1	1.8
	Other	0	0.0	2	3.6
	TOTAL				
	Chi-square	18.56018	df 6	p < 0.0050	

in private practice ($X^2 = 18.56018$; $p = < .0050$). However, there were no significant differences between ISU graduates and National Certified Counselors in other positions or settings.

Racial Background of Clients Served

There were no significant differences in the racial background of clients served by ISU graduates and National Certified Counselors.

Age of Clients Served

In Table 2 the primary clients' ages served by ISU graduates and National Certified Counselors are compared. The ISU graduates serve a significantly younger population ($X^2 = 58.3432$; $p = < .0000$) with 24.1% 18 years of age or younger.

TABLE 2
Primary Clients' Ages

	ISU		NCC		COMBINED %
	n	%	n	%	
0-3	1	.3	0	0	.3
4-6	11	3.0	4	1.1	4.1
7-12	28	7.6	12	3.2	10.8
13-18	61	16.5	38	10.3	26.8
19-24	31	8.4	30	8.1	16.5
25-40	30	8.1	94	25.4	33.5
41-60	4	1.1	20	5.4	6.5
Over 60	4	1.1	2	.5	1.6
26 missing cases					
	Chi Square	58.3432	df 7	p < 0.0000	

Community Setting

There is a significant difference between the types of communities served by ISU graduates and National Certified

IACD MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____

Position _____

Business Phone () _____ Home Phone () _____

Your Work Setting:

☐ Elementary School

☐ Secondary School

☐ Post Secondary

☐ Rehabilitation Program/Agency

☐ Association/Foundation

☐ State/Local Government

☐ Community Agency

☐ Business/Industry

☐ Private Practice

☐ Other

I AM INTERESTED IN THE FOLLOWING:

☐ Awards Committee

☐ Convention Program Committee

☐ Ethics Committee

☐ Futures Committee

☐ Government Relations Committee

☐ Human Rights Committee

☐ Membership Committee

☐ Professional Development Committee

☐ Public Relations Committee

☐ Publications Committee

Illinois State Senate District _____

Illinois State House of Representatives District _____

IACD MEMBERSHIP IS A PREREQUISITE FOR DIVISIONAL MEMBERSHIP		Membership Dues		Amount of Payment
Illinois Association for Counseling and Development		IACD	40.00	
Illinois Counselor Educators and Supervisors		ICES	8.00	
Illinois School Counselors Association		ISCA	8.00	
Illinois College Personnel Association		ICPA	4.00	
Illinois Career Development Association		ICDA	4.00	
Illinois Association for Multicultural Counseling and Development		IAMCD	5.00	
Illinois Association for Measurement and Evaluation in Counseling and Development		IAMECD	3.00	
Illinois Mental Health Counselors Association		IMHCA	8.00	

Students, retired, and spouses one-half regular membership

Signature of Professor: _____
(required for student)

Mail this application and check to:

Illinois Association for Counseling and Development

P.O. Box 955

Normal, Illinois 61761-0955

Counselors ($\bar{X} = 10.938$; $p = \blacktriangleleft .0121$) with more National Certified Counselors working in city and suburban areas.

Salary

There is a significant difference for both starting salaries Certified Counselors (ISU $\bar{X} = \$16,466$, NCC $\bar{X} = \$18,733$; $p = \blacktriangleleft .031$) and current salaries (ISU $\bar{X} = \$24,582$, NCC = $\$31,745$; $p = \blacktriangleleft .000$) of ISU graduates and National Certified Counselors.

TABLE 3
Current Position and Current Salary

Position	$\bar{X}$	ISU $\bar{X}$	NCC $\bar{X}$	F	P
Counselor	28,142	23,808	29,848	1.79	.0000
Director	33,667	29,308	37,000	1.18	.0360
Administrator	31,176	27,211	36,200	2.98	.0100
Teacher	26,350	25,852	31,857	3.70	.3560
Trainer	23,125	24,833	18,000	0.00	.3630
Academic Advisor	26,333	20,500	38,000	2.00	.1230
Consultant	30,727	23,600	36,667	2.15	.0600
Supervisor	25,500	22,000	31,333	6.67	.0970
Other	26,159	19,875	33,700	1.39	.0270
	Sums of squares	df	Mean square	F	P
Main effects	6488445074	10	648844507.39	6.515	.0000
Group	4296677120	1	4296677120.03	43.143	.0000
Position	2128234011	9	236470445.66	2.374	.0130

Multiple R = .167 R Square = .408

Table 3 compares the current salaries by positions of ISU graduates and National Certified Counselors. Certification appears to be a moderate predictor ($R = .408$) of higher salaries, especially for NCC counselors ($p = \blacktriangleleft .0000$), directors ($p = \blacktriangleleft .0360$), and administrators ($p = \blacktriangleleft .0100$).

In Table 4, current salaries and settings of ISU graduates and National Certified Counselors are compared. The National Certified Counselors earn higher salaries than ISU graduates in all but hospital settings.

In a comparison of means significant differences were found in secondary education settings ($p = \blacktriangleleft .0060$) and in two-to-four year colleges ($p = \blacktriangleleft .0000$). Trends for significant differences were also found in elementary education ($p = \blacktriangleleft .0560$) and in human service settings ($p = \blacktriangleleft .0610$).

In an ANOVA, significant differences were found for main

TABLE 4

Current Salary and Setting

		<i>n</i>	<i>X</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Elementary	ISU	30	24,550	7,302	2.20	.0560
	NCC	14	30,000	10,842		
Secondary	ISU	36	27,944	7,529	1.23	.0060
	NCC	24	33,875	8,337		
2/4 Year College	ISU	35	23,900	9,128	1.50	.0000
	NCC	48	33,292	11,185		
Human Service	ISU	28	21,821	8,199	1.02	.0610
	NCC	35	25,814	8,265		
Hospital	ISU	4	26,750	7,500	1.93	.5700
	NCC	7	24,500	5,392		
Private Practice	ISU	3	26,333	5,733	6.71	.3770
	NCC	42	34,155	14,957		
		<i>Sums of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig of F</i>
Main effects		12.000	7	1.714	3.120	.003
Group		.841	6	1.996	3.633	.002

effects (F is significant at .003) and for setting (F is significant for .002). While setting contributes significantly to salary, especially for school counselors working at a secondary level and counselors in higher education, salary and age effects were found in an ANOVA analyses of counselors, ages and salaries ($F = .000$).

Current salary did not seem to be related to job satisfaction since 87.3% of all full-time respondents reported being very satisfied to somewhat satisfied with their jobs.

Job Satisfaction

There were no significant differences between positions held by ISU graduates and National Certified Counselors and their job satisfaction. Also, there were no significant differences between degrees held by ISU graduates and National Certified Counselors and their job satisfaction.

Table 5 reports a comparison of the professional involvement of ISU graduates and National Certified Counselors. The National Certified Counselors were significantly more involved in providing inservice workshops ($p = \triangleleft .0003$) and in securing grants ($p = \triangleleft .0055$). Significantly more ISU graduates and National Certified Counselors attended workshops than those who did not.

ANOVA analysis indicated significant age effects for counselors presenting at conferences ($F = .000$), for publishing articles

TABLE 5

Professional Involvement

Activity	ISU ^a		NCC ^b	
	n	%	n	%
Membership in Professional Organizations	112	62.9	207	95.0
Held Leadership Positions	33	18.5	85	39.0
Presented at Conferences	35	19.7	101	46.3
Published Articles	15	8.4	52	23.9
Provided Inservice Workshops	80	44.9	163	74.8*
Secured Grants	38	21.3	60	27.5**
Attended Inservice Workshops	93	52.2	169	77.5***
Attended Professional Workshops and Conferences	107	60.1	196	89.9
Take Counseling Related Courses	53	29.8	117	53.7

* NCC significantly different ($p = \triangleleft .0003$)

** NCC significantly different ($p = \triangleleft .0055$)

*** Number of ISU and of NCC attending workshops significantly different from those ISU and NCC who have not

($F = .000$), for providing inservice workshops ($F = .000$), and for securing grants ($F = .004$). There are significant age effects for professional involvement even when the ISU and NCC ANOVA analyses are conducted without data for counselors in elementary and secondary school settings.

Continuing Education Needs

ISU program graduates and National Certified Counselors were asked to rate their continuing education needs on a Likert scale from 1-4, unimportant to very important. A comparison of the ISU graduates' and National Certified Counselors' continuing education needs is reported in Table 6.

In a comparison of means the National Certified Counselors reported a significantly greater need for continuing education related to special populations ($p = \triangleleft .0000$), marriage and family ($p = \triangleleft .0000$), group procedures ($p = \triangleleft .0000$), assessment techniques ($p = \triangleleft .0000$), transactional analysis ($p = \triangleleft .0000$), RET ($p = \triangleleft .0000$), multimodal therapy ($p = \triangleleft .0000$), cognitive-behavioral therapy ($p = \triangleleft .0000$), relaxation therapy ($p = \triangleleft .0000$), paradoxical techniques ($p = \triangleleft .0000$), and Adlerian therapy ($p = \triangleleft .0000$). Significantly more ISU graduates reported a need for continuing education related to Gestalt therapy ($p = \triangleleft .0000$) and record keeping and accounting ($p = \triangleleft .0000$).

TABLE 6
Continuing Education Needs

Course		<i>n</i>	<i>X</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Special populations	ISU	167	2.9820	1.015	2.03	.0000
	NCC	210	3.3238	0.712		
Marriage & family	ISU	166	2.7410	1.003	1.15	.0000
	NCC	211	3.1374	0.934		
Group procedures	ISU	167	3.0778	0.871	1.48	.0000
	NCC	211	3.3744	0.715		
Assessment techniques	ISU	167	2.9820	0.928	2.05	.0000
	NCC	210	3.3905	0.649		
Record keeping & Accounting	ISU	163	3.0368	0.981	0.00	.0000
	NCC	-0-	0.0000	0.000		
Gestalt	ISU	163	3.0368	0.981	0.00	.0000
	NCC	206	2.6311	0.844		
T. A.	ISU	164	2.1656	0.917	1.25	.0000
	NCC	210	2.5048	0.820		
RET	ISU	163	2.1534	0.836	1.14	.0000
	NCC	212	2.8821	0.892		
Multimodal therapy	ISU	162	2.3580	1.031	1.28	.0000
	NCC	204	2.7696	0.910		
Cognitive-behavioral	ISU	158	2.2785	0.957	1.38	.0000
	NCC	211	3.1043	0.816		
Relaxation	ISU	158	2.2785	0.957	1.62	.0000
	NCC	212	3.2783	0.730		
Paradoxical	ISU	152	2.0197	0.895	1.06	.0000
	NCC	207	2.5217	0.869		
Adlerian	ISU	143	1.9371	0.882	1.08	.0000
	NCC	207	2.7198	0.847		
Other theory	ISU	-0-	0.0000	0.000	0.00	.0000
	NCC	60	3.2333	1.079		

DISCUSSION

Summary

The ISU graduates and National Certified Counselors were significantly different in age, employment in educational and private practice settings, ages of primary clients served, salaries, professional involvement, and continuing education needs.

The National Certified Counselors were about 10 years older than ISU graduates. More ISU graduates were employed in elementary and secondary levels of education and worked with clients ages 7-18. The number of ISU graduates and National Certified Counselors employed in human service and hospital settings were about equal, but more National Certified Counselors

worked in private practice setting, and nearly half worked with clients 25-40.

Counselors having the NCC certification appeared to earn significantly higher salaries than ISU graduates in nearly every setting. Third-party payments were a source of income for 23.9% of the National Certified Counselors.

Significantly more National Certified Counselors than ISU graduates were professionally active. While the National Certified Counselors reported a greater need for continuing education in a number of counseling-related theories, the ISU graduates' continuing education needs were significant on only two variables: one, their interest in Gestalt counseling, and two, their need for training in record-keeping and accounting.

IMPLICATIONS

The significant differences found between National Certified Counselors and ISU graduates may depend on just three factors—age, setting, and position. While the ISU graduates are a younger group that tends to work with younger clients in educational settings and tends not to work in private practice, the majority of National Certified Counselors tend to work in human service and private practice settings with clients in the 25-40 year age bracket who typically seek counseling from professionals in those settings.

The relationship between the number of National Certified Counselors in private practice and the age differences between the National Certified Counselors and ISU graduates, and the relationship between certification and higher salaries may reflect advancement by National Certified Counselors in the profession and a tendency to move from entry level positions in human service and other settings into private practice.

There may be a relationship between the number of National Certified Counselors in private practice and their continuing education needs for counseling theories and techniques. The number of National Certified Counselors who are in private practice and those who receive third-party payments also may be related.

CONCLUSIONS

From the comparative analysis of ISU graduates and National Certified Counselors, it appears that the NCC credential has a

significant relationship to positions, professional development, goals, and activities in the field of counseling. The relationship between other personal and professional characteristics and the NCC credential is unknown. However, if ISU graduates choose to obtain the NCC credential, their opportunities for higher salaries, private practice and/or third-party payments may increase.

If the inferences made about the National Certified Counselors are correct, then the present authors predict that ISU graduates will follow the trends identified in this comparative study: a) ISU graduates, especially those in human service settings, will become certified, b) they will advance in the field, c) they will earn higher salaries as they age, d) they will be involved in organizations and activities related to the counseling profession, e) they will, increasingly, move into private practice, and f) their continuing education needs will change in relation to their employment.

An alternate prediction may be made for the ISU graduates. It is that if the trend for ISU graduates to continue teaching in elementary and secondary school counselors continues, and if the number of ISU graduates in school counseling positions increases, especially as new positions become available, then the numbers of ISU graduates in elementary and secondary school settings will be maintained or increased. The indications from the present study are, then, that ISU graduates will tend to be school counselors or counselors in the classroom who will tend not to follow the trends of counselors in human services or private practice settings.

The research presented from the present and future studies may help in providing information to current students about the advantages of being a National Certified Counselor and in motivating them to identify with professional counselors, take and pass the NBCC exam, and become professionally involved, productive counselors in any employment setting. It is important for counselor educators, meanwhile, to develop a body of knowledge, theory, and skills in programs which assist graduates in meeting NBCC standards for certification (Ritchie, 1990; Sheeley, 1990).

REFERENCES

- Bruyere, D. & Curtis, A. (1990). "A comparative follow-up study of ISU graduates and National Certified Counselors." Research presented

at the Annual Convention of the Illinois Association for Counseling and Development, Springfield, Illinois, November 16.

Council for Accreditation of Counseling and Related Educational Programs. (1988). *Accreditation procedures manual and application*. Alexandria, VA: Author.

Curtis, A. & Bruyere, D. (in press). "Computer assisted follow-up studies of counselor education program graduates." *IACD Quarterly*.

Engels, D. W. & Wilborn, B. L. (1984). "Surveying graduating students and graduates of counselor education programs: Instruments, rationale, and genesis." *Counselor Education and Supervision*, 3, 23, 234-243.

Holweger, A. (1981, October). "Following up graduates." Paper presented at NOHSE-CSHSE-SREP Conference, Chicago, Illinois.

NBCC (1990). Telephone communication, November 21.

NBCC (1988). *National directory of certified counselors*. Alexandria, VA: Author.

Pitts, J. H., Miller, M., Poidevant, J. M., & Meyers-Arvin, M. (1990). "Coordination of clinical supervision in practicum and internship programs." *ACES Journal*, 29, 4, 291-299.

Ritchie, M. H. (1990). "Counseling is not a profession—Yet." *Counselor Education and Supervision*, 29, 4, 220-227.

Wilborn, B. (1988, October). "Follow-up studies of counselor education programs." Workshop presented at the Association for Counselor Education and Supervision Conference, St. Louis, Missouri.

Sheeley, V. L. (1990). "ACES's challenges: Past presidents comment." *Counselor Education and Supervision*, 29, 4, 239-250.

Status Report of Elementary School Counseling in Illinois

Anita Curtis, Bette Toborg, Steve McClure, and Dale Septeowski

Members of the IACD ICES-ISCA Task Force on Elementary School Counseling conducted a study of the status of elementary school counseling in the state. The Task Force found no mandate for elementary school counseling, the numbers of counselors and programs are unknown, and there is little representation for counseling at the state level. A random sample of Illinois certified counselors was conducted to which 38 elementary counselors responded. Findings are reported on program structure, program components, responsive services, system support, and non-guidance activities are reported. Recommendations to support elementary school counseling in Illinois are given.

A joint task force was formed in 1990 by the Illinois Counselor Educators and Supervisors (ICES) and the Illinois School Counselors Association (ISCA) to promote elementary school counseling in Illinois. The present authors, founders and early members of this task force, undertook a study to determine the current status of elementary school counseling in Illinois and presented the results at the 1990 Illinois Association for Counseling and Development Convention. The purpose of this article is to report the findings of the study conducted by the task force and to publish the recommendations of the task force.

Information for the study was gathered from four major sources: a) a literature review, b) a packet of materials obtained through American Association for Counseling and Development's Government Relations Division, c) telephone interviews with Illinois State Board of Education (ISBE) personnel, and d) a survey sent to Illinois state certified counselors. The authors first will present the results of the literature review, AACD Government

Anita Curtis, Ed D., is an Associate Professor in Counselor Education at Illinois State University, Normal. Bette Toborg, M.S., is an Elementary School Counselor at Cardenas Elementary School, Darien, IL. Steve McClure is an Elementary School Counselor at Forman School, Manito, IL. Dale Septeowski is an Associate Professor at Concordia University, Lombard, IL.

Relations packet, and ISBE telephone interviews as introduction and background. These will be followed by the survey results and Task Force recommendations.

INTRODUCTION AND OVERVIEW

The 1958 National Defense Education Act (NDEA) and ensuing funding was an impetus for the development of guidance and counseling services in elementary schools in the 1960's. (Dinkmeyer, D. Sr., 1989; Dinkmeyer, D. & Caldwell, E., 1970.). The transition from traditional training methods and counseling at secondary and college levels to elementary school counseling seemed both awkward and exciting (Dinkmeyer, D. Sr., 1989). Even as counselor educators debated the purpose, strategies, and curriculum of elementary school counseling, counselors received intensive training through summer institutes and university counselor education program initiatives (Dinkmeyer, D. Sr., 1989).

Between 1964 and 1969 the number of elementary school guidance counselors increased from 31 to 210 in Illinois. (Illinois State Board of Education, Pupil Personnel Services [ISBE], 1982). Ten Illinois elementary school counseling demonstration projects were funded during the 1964-65 school year with monies allocated through NDEA and local school districts (Office of the Superintendent of Public Instruction, Department of Guidance Services, Unknown). NDEA also funded additional demonstration projects in Illinois, the expansion of several existing elementary school counseling and guidance programs, and the development of new program initiatives (ISBE, 1982).

State Policy and Mandate

Funding for guidance and counseling programs under NDEA now has diminished, but the number of elementary school counseling programs have continued to increase. Twelve states now mandate elementary school counseling, and at least 12 may mandate elementary school counseling in the near future (AACD Government Relations, 1990; Gerler, Ciechalski, & Parker, 1990).

In Illinois, many of the elementary counseling and guidance demonstration programs originally funded through NDEA have been continued in some form, and a number of new elementary programs have been implemented. However, elementary school counseling appears not to be mandated but an optional service which may be instituted by local school districts (Healy, personal

communication; Robinson, personal communication; Troute, 1990).

According to the National Conference of State Legislatures (AACD Government Relations, 1990) sources for mandates may come from legislatures, from state departments of education, or from state boards of education. Implicit in the language used for mandates are non-negotiable commands. For example, the Tennessee Educational Code (Tennessee Code Commission, 1988) mandates elementary school guidance with language specifying that "...elementary schools shall employ guidance counselors..."; "...there shall be..."; and "elementary school guidance counselors shall provide...preventive and developmental guidance to elementary school students...".

The sources of legal authorization for guidance and counseling in Illinois is reported as (a) The Illinois Program for Evaluation, Supervision, and Recognition of Schools, State Board of Education, Document Number 1; (b) Rules and regulations for the administration of vocational programs; and (c) The School Code of Illinois, Article 14, Handicapped Children (Illinois State Board of Education, 1988). Robinson, quoted from the Illinois School Code, Chapter 122, Article 10-22.24a which grants local school districts the right to employ school counselors with such language as "may employ."

The fact that there is no mandate for providing counseling and guidance services at either the elementary or secondary levels was supported by statements made by John Healy, manager of ISBE Planning and Evaluation, in a personal communication (September, 1990). Healy said that although there are several statements in the School Code regarding the provision of pupil personnel services where they are needed, there is no mandate for providing guidance services at either the elementary or secondary levels.

Today, exemplary elementary school guidance and counseling programs offer comprehensive developmental and preventive types of programs and services (Brown, 1979; Cohen, 1990; Glosoff & Koprowicz, 1990). Comprehensive elementary counseling programs are defined in the proposed Elementary School Counseling Demonstration Act (AACD Government Relations, 1990) as: a) those in which a range of individual and group techniques and counseling resources are used in a planned way to meet the personal, social, educational, and career development needs of all elementary school children; b) those in

which optimal positive learning environments and personal growth opportunities for children are created by counselors working directly with children, parents, teachers, and other school personnel.

Developmental programs are defined in the proposed act as a) those which provide appropriate counseling and guidance interventions to foster the social, emotional, physical, moral, and cognitive growth of elementary school children; those which provide direct intervention services to help children cope with family, social and academic problems; and c) those which support and enhance the efforts of parents, teachers, and other school personnel to provide children maximum opportunity to acquire competence and skill in self-understanding and appreciation, interpersonal interaction, educational achievement and literacy, and career awareness and personal decision making.

Services at the elementary school level are needed to prevent barriers to learning stemming from the particular stresses and challenges facing today's youth (Glossoff & Koprowicz, 1990; Schorr, 1989). Prevention program strategies and techniques developed by community health and mental health agencies are increasingly used in school-based prevention programs to assist children in acquiring skills for normal growth and development (Asby, Roebach, & Aspy, 1984), to reduce levels of stress which may contribute to problems (Cowen, 1984), and to prevent problems such as drug abuse from occurring when children are at risk (Bloom, 1987; Cowen, 1984; Gerler, Ciechalski, & Parker, 1990; Glossoff & Koprowicz, 1990). School-based prevention programs are most effective when implemented in primary grades before problems occur (Bloom, M., 1987). Primary and secondary prevention programs provided to elementary school students may prevent serious problems from developing when students are older (Glossoff & Koprowicz, 1990; Lorick, Wolk, & Hightower, 1984).

A number of positive effects of elementary guidance programs are reported in publications such as *Elementary School Guidance and Counseling*, in *Children Achieving Potential* (Glossoff & Koprowicz, 1990), a joint publication of AACD and the National Conference of State Legislatures, and in *Elementary School Counseling in a Changing World* (Gerler, E. R. Jr., Ciechalski, J. C., & Parker, L. D., 1990).

The need for planned comprehensive developmental and preventive guidance services to prepare today's students for

tomorrow's world has been stated by a number of authors (Asby, Roebuck, & Asby, 1984; Brown, 1979; Crabbs, 1989; Dinkmeyer & Caldwell, 1970; Gerler, Ciechalski, & Parker, 1990; Glossoff & Koprowicz, 1990; Schorr, 1989; Shaw, 1984; Sprinthall, 1984).

For successful implementation of the needed and effective types of services found in exemplary school programs (Glossoff & Koprowicz, 1990) and proposed in an important bill presently before Congress (Elementary School Counseling Demonstration Act, 1990), certain program elements and system supports have been recommended by such authors as Brown (1979), Dinkmeyer and Caldwell (1970), and Gysbers and Henderson (1988). These program elements and system supports include: (a) structural components such as program definition, written rationale, clear assumptions, clear and consistent staffing patterns, adequate and separate facilities, adequate and separate budget; and (b) System supports such as good program management, assistance with curriculum development, separate committee or advisory boards, specialized professional development, linkage with other school support services and community outreach programs, and good staff and community relations.

The Task Force was not only interested in learning about the Illinois mandate for elementary school counseling, the numbers of Illinois elementary school counselors, the available curricula and other resource materials, but also about other program elements or system support available from the state office. To obtain this information, telephone contacts were made with departments within the Illinois State Board of Education. The information gleaned from these contacts is given below.

ISBE DATA

Six ISBE departments—Planning and Evaluation, Vocational Services, Curriculum and Instruction, Special Education, Certification, and Data Management—were contacted by telephone. None of the eight ISBE staff had ready answers to questions about policies or mandate for elementary school counseling, curriculum, and the number of elementary school counselors in the state.

Policy or mandate

The state mandate for school counseling was discussed earlier in this paper. The authors are indebted to John Healy and Don

Robinson for taking the time to find information about the state codes concerning school counseling. Other information concerning Illinois policies and laws were found in publications which seemed to be unfamiliar to the ISBE staff although published by ISBE (Illinois State Board of Education, 1988; Illinois State Board of Education, Pupil Personnel Services, 1982).

Curriculum

The ISBE Department of Curriculum and Instruction had no suggested or prescribed guidance curriculum. One ISBE staff member (J. Foster, personal communication, September 14, 1990) said that while there was material available for some programs such as Chapter 1, curriculum decisions are determined and administered by local education agencies.

Number of Elementary School Counselors

The exact number of elementary school counselors presently employed in Illinois schools is not known because ISBE's offices of Data Management and of Certification do not separate the data on certified counselors by educational level. However, an estimate of 151 elementary, plus several hundred K-12 downstate, elementary school counselors was reported in a 1988-89 AACD survey of elementary school counselors employed in each state (AACD Government Relations, 1990). How the estimate was obtained is unknown.

At a recent meeting of counselor educators and supervisors, Lynn Troute (1990) reported that there were 2,739.10 state certified counselors employed in Illinois; the number of counselors included 1,870.50g downstate and 868.60 in Chicago. If the estimate and the actual number of Illinois elementary school counselors are fairly congruent, then from 10-15% of all state certified counselors may be employed at the elementary school level.

SURVEY METHOD

A survey was designed to be sent to a random sample of counselors to gain additional information about the numbers of elementary school counselors, types of counseling programs and activities, and the program elements and system supports in place.

Instrument

The survey instrument was modeled after an instrument used in a national survey of state departments of education (Trotter

& Vantine, 1990). The instrument included sections on 1) program structure, 2) program components, 3) responsive services, 4) system support, and 5) non-guidance responsibilities. On items 1 and 2 respondents were asked to circle true or false. On item 3 respondents were asked to circle true, false, other, or purchased. On item 4, respondents were asked to circle true, false, or not applicable.

Participants

An uncoded list of 2,774 Illinois certified school counselors was obtained from the Illinois State Board of Education. Using a table of random numbers for selection, 275 names of counselors (10%) were randomly selected from the list. A survey instrument was sent to a random sample of 275 school counselors in Illinois.

Whether the counselors randomly selected from the ISBE computer list were actively employed as counselors was not known. If the individuals were employed as counselors, it was not known at what level they worked since that information was not available.

RESULTS

Of the 275 surveys sent to school counselors, 111 useable surveys were returned for a moderate response rate of 40%. The number of secondary school counselors responding was 73 (65.8%), and the number of elementary school counselors was 38 (34.2%). Of the total number of school counselors, 14 (12.6%) were from elementary schools, 10 (9.0%) were from middle schools only, 6 (5.4%) were from K-12 schools, and 4 (3.6%) were from middle-secondary schools.

Program Structure

Table 1 reports the counselors perceptions of their counseling and guidance program structure. The majority (73.8%) of elementary school counselors reported that their programs have written definitions and policies. Fewer counselors reported that there are written rationales for their programs (51.4%), that the assumptions of the programs are clear (56.3%), that there are written and consistent staffing plans (52.8%), and that there are separate and adequate facilities (62.9%). Several counselors commented that their budgets were separate but not adequate. Relatively few counselors (20.6%) reported that their programs had advisory councils.

TABLE 1

Structural Components

<i>Component</i>	<i>Total %</i>	<i>Elementary %</i>
Program definition	85.9	73.8
Written rationale	71.1	51.4
Clear assumptions	71.6	56.3
Staffing patterns clear/consistent	70.1	52.8
Facilities separate/adequate	71.4	62.9
Budget separate/adequate	64.0	42.9

Total % refers to high school and elementary school combined.

Program Components

The counselors were asked to check those program components that they provided over three levels—individual, group, and classroom. While all 21 program components and all three levels were selected by some counselors, the respondents chose eleven most often. These eleven and their rank order included: education planning (tied for #1), career development (tied for #1), self concept (#2), grief and loss (#3), peer relations (#4), sexual abuse (#5), divorce (tied for #6), problem solving (tied for #6), related family problems (tied for #6), and life planning (tied for #6).

Responsive Services

The types of responsive services included on the survey were personal counseling, crisis counseling, counseling related to academic failure, referral, consultation services for teachers and parents, counseling related to behavioral problems, and small group counseling. The respondents reported that they provided all of these types of responsive services. However, in some cases other school personnel provided responsive services, and in a few cases the schools purchased responsive services such as crisis services.

System Support

The counselors' perceptions of system support are reported in Table 2. The majority (82.4%) of the counselors report linkage with community outreach programs. About two out of three (65.0%) report that they get some assistance with curriculum development. A little more than half report the availability of program management support (53.1%). About half report support with program management and support through staff/community relations

TABLE 2

System Support

<i>Type of Support</i>	<i>Total %</i>	<i>Elementary %</i>
Assistance with curriculum development	88.9	65.0
Committee/advisory board	33.3	29.4
Professional development	73.3	48.3
Support services—other school	34.4	28.1
Linkage with community outreach programs	84.2	82.4
Program management	69.6	53.1
Staff/community relations	75.8	51.5

Total % refers to high school and elementary school combined.

(51.5%). Few report the availability of other school support services (28.1%), and few (29.4%) report having advisory boards.

Non-guidance Responsibilities

The counselors were asked to report their non-guidance tasks and duties such as bus duty, class composition ranking, lunchroom duty, substitute teaching, and building a master schedule. Almost half of the counselors reported that their job descriptions included working in non-guidance activities. The activities reported included: playground duty, special education staffings, case management, building the master schedule, remedial reading, test coordination, substitute teaching, bus duty, lunchroom duty, teacher relief, handle discipline problems, monitor the study hall, select gifted and talented students, and provide administrative services.

A few elementary school counselors sent samples of their job descriptions and directives from local school districts with their responses to the survey conducted by the task force. There was considerable variation in these documents from one part of the state to another. In the Chicago area, counselors seemed to be serving more as case managers for special education students. Downstate counselors seemed to be providing more developmental and preventive types of services.

A number of counselors commented that there was little time for counseling individual students, particularly in Chicago where elementary school counselors spend the majority of their time managing caseloads of education students and in complying with Federal and State paperwork guidelines.

DISCUSSION AND CONCLUSIONS

Illinois elementary school counseling programs do not consistently meet those standards typically found in states where elementary school counseling is mandated (AACD Government Relations, 1990; Cohen, 1990; Glosoff & Koprowicz, 1990; Illinois State Board of Education, 1988; Tennessee Code Commission, 1988) and those proposed by the Elementary School Counseling Demonstration Act (1990). Illinois elementary school counselors responding to the survey appeared to be attempting to provide all service components thought necessary for comprehensive developmental programs having a wide range of services.

The majority of the elementary school counselors do have written program definitions and policies needed for adequate organization and management (Brown, 1979; Dinkmeyer & Caldwell, 1970; Gysbers & Henderson, 1988). However, other recommendations for good program organization and management often are not met. Less than half of the counselors reported having separate and adequate facilities, and only half reported having a written rationale and written and consistent staffing patterns. While a little more than half reported that the program assumptions are clear, few reported having separate and adequate budgets, and most did not have advisory boards.

In comparing the counselors' reports to the national study conducted by Trotter & Vantine (1989), it would appear that Illinois elementary school counselors differ in their program emphases. For example, Illinois elementary school counselors emphasize programs and activities career planning and development, while programs at the national level tend to emphasize other types of developmental programs and preventive services.

Illinois elementary school counselors do not seem to have adequate support or time for their guidance and counseling activities. The counselors reported having less than adequate budgets and facilities, and few had community advisory boards and school support services. In some cases, particularly in the Chicago area, the counselors' job descriptions did not emphasize guidance and counseling, and non-guidance activities appeared to take up time which could be used for counseling individual students.

Elementary school counselors on the task force stated that a positive aspect of not having state guidelines is that counselors can be active participants in forming their own job descriptions.

They reported that elementary school counselors provide mutual support and that they network for ideas through the Illinois School Counselor Association and IACD chapters. They said that consultation between neighboring school districts sometimes helps a district that is considering the implementation of an elementary school counseling program to make a favorable decision.

A limitation of the present study is that the sample of Illinois school counselors surveyed was relatively small. The actual number of elementary school counselors in Illinois is still unknown. Whether the reports of the counselors responding to the survey are generalizable to all elementary school counseling programs in the state cannot be adequately determined.

SUMMARY

Elementary school counseling programs grew rapidly as a result of NDEA. At the national level, the present standards for contemporary elementary school counseling programs emphasize comprehensive, developmental and preventive services. Professionals in a variety of state education organizations recognize the need for a wide range of elementary school counseling functions. A number of states have mandated, or are considering mandating, elementary school counseling.

While the Illinois State Board of Education supports school counseling philosophically, and the Illinois School Code and the Illinois Administrative Code provide the legal foundation for school counseling, the State of Illinois does not mandate school counseling. With the demise of NDEA, school counseling does not seem to be adequately represented in ISBE structure. The ISBE office of Planning and Evaluation does not seem to provide planning and evaluation services related to school guidance and counseling programs. The ISBE office of Curriculum and Instruction does not provide curricular support to school counseling and guidance programs. While the ISBE office of Certification has a database on state-certified school counselors, the office does not have information available regarding the number of elementary school counselors or their activities. The ISBE office of Data Management does not seem to have any information about school counselors. The offices of Vocational Services and Special Education do have staff who have some knowledge of and involvement with counseling and guidance programs. However, the allocation of a .5 FTE position in the office

of Vocational Services to counseling and guidance is insufficient for representation and support at any level, and the emphasis of the office of Special Education is, by definition, that of students with special needs.

While developmental and preventive counseling services are highly desirable at the elementary level, there are a number of impediments which prevent the planning and development of comprehensive counseling and guidance programs. Those elementary school counselors who responded to the survey seemed to be dedicated professionals extending their program services without adequate facilities, budget, or support and with many conflicting demands on their time. Many Illinois elementary school counselors simply don't have time to conduct the kinds of programs having the range of services that have been found to be effective.

The Illinois elementary school counselors remain undaunted. They network with, and support, one another and maintain a high level excitement and enthusiasm for their careers in an area where they feel that they make a difference with youth.

RECOMMENDATIONS

The Task Force on Elementary School Counseling has adopted, in principle, the standards proposed by House Bill 3970 (Senate Bill 2898). The position statement of the task force, in general, calls for: 1) mandated elementary school counseling in Illinois, 2) comprehensive, developmental and preventive counseling approaches to program services, 3) increased range, availability, quantity, and quality of counseling services, 4) not more than a 1:300 counselor:student ratio, 5) involvement of parents in the development, design, and evaluation of programs, 6) flexible schedules to enable after school activities, 7) guidance committees composed of teachers, administrators, parents, community members who would act as liaisons between school(s) and communities, and 8) encouragement and support for the professional development of elementary school counselors.

Non-partisan coalitions of 24 individuals, including Illinois legislators, have underwritten House Bill 3970 and Senate Bill 2898. It is important for counselors to support this legislation at the grass roots levels as individuals, through their professional organizations, and with the help of their colleagues in the educational field.

In addition to supporting the federal legislation, it is also important for counselors to support mandating elementary school counseling in Illinois. Adequate representation and support are needed from the Illinois State Board of Education. Elementary school counselors could benefit greatly from the types of interest and support of state departments and local education agencies suggested by the literature and by the Trotter & Vantine survey.

It is important for counselors to inform the general public about school counseling and about what elementary school counselors are doing in local programs. By promoting the relevance and need for elementary school counseling, support for elementary school counseling will be generated, and, hopefully, the number of school counselors and programs will be increased.

Glosoff & Koprowicz (1990) warn that bringing about change takes time and patience. In the coming months, the task force on elementary school counseling plans to work on a number of different levels with other educational organizations. If successful, elementary school counseling someday will be mandated in Illinois.

REFERENCES

- AACD Government Relations. (1990). *Information packet sent on request. Included was AACD survey of elementary school counselors; 50 state survey; State Policy for Elementary School Counselors; Tennessee Code; House Bill 3970.* Washington, DC: Author.
- Aspy, D., Roebuck, F., & Aspy, C. B. (1984). "Tomorrow's resources are in today's classroom." *Personnel and Guidance Journal*, 62 (8), 455-458.
- Bloom, M. (1987). "Toward a technology in primary prevention: educational strategies and tactics." *Journal of Primary Prevention*, 1 & 2, 25-48.
- Brown, J. A. (1979). *Organizing and evaluating elementary school guidance services: Why, what, and how.* Monterey, CA: Brooks/Cole.
- Cohen, D. (1990). "Guiding the children." *Teacher Magazine*, pp. 14-15. (September).
- Cowen, E. L. (1984). "A general structural model for primary prevention program development in mental health." *Personnel and Guidance Journal*, 62 (8), 485-490.
- Crabbs, M. A. (1989). "Future perfect: planning for the next century." *Elementary School Guidance & Counseling*, 24 (4), 160-166.

- Dinkmeyer, D., & Caldwell, E. (1970). *Developmental counseling and guidance: A comprehensive school approach*. New York, NY: McGraw-Hill.
- Dinkmeyer, D. Sr. (1989). "Beginnings of elementary school guidance and counseling." *Elementary School Guidance and Counseling*, 24 (4), 99-101.
- Elementary School Counseling Demonstration Act. (1990). Introduced by Carl Purcell to the 101st Congress, 2D Session, in the House of Representatives, February 7.
- Gerler, E. R. Jr., Ciechalski, J. C., & Parker, L. D. (1990). *Elementary school counseling in a changing world*. Ann Arbor, MI and Alexandria, VA: Counseling and Personnel Services Clearinghouse and American School Counselors Assn.
- Glossoff, H. L., & Koprowicz, C. L. (1990). *Children achieving potential*. Alexandria, VA: AACD and National Conference of State Legislatures.
- Gysbers, N. C., & Henderson, P. (1988). *Developing and managing your school guidance program*. Alexandria, VA: AACD.
- Illinois State Board of Education. (1988). *The School Code of Illinois*. Springfield, IL: Author.
- Illinois State Board of Education, Pupil Personnel Services. (1982). *Guidance and Counseling in Illinois*. Springfield, IL: ISBE.
- Lorion, R. P. Work, W. C., & Hightower, A. D. (1984). "A school-based multilevel preventive intervention: Issues in program development and evaluation." *Personnel and Guidance Journal*, 62 (8), 479-484.
- Office of the Superintendent of Public Instruction, Department of Guidance Services. (Unknown). *Elementary school guidance in Illinois*. Springfield, IL: Author. (Probable date of publication is 1965)
- Schorr, L. (1989). "Schools, balance wheel of the social machinery." In L. Schorr (Ed.), *Within our reach* (pp. 215-255). New York, NY: Doubleday.
- Shaw, M. C. (1984). "Introduction to the special issue on primary prevention." *Personnel and Guidance Journal*, 62 (8), 444-445.
- Sprinthal, N. A. (1984). "Primary prevention: a road paved with a plethora of promises and procrastinations." *Personnel and Guidance Journal*, 62 (8), 491-495.
- Tennessee Code Commission. (1988). *Tennessee Code Annotated, 1988 Supplement*. 146-147. Charlottesville, VA: The Michie Company.

- Trotter, T. V., & Vantine, R. W. (1990). "Standards in elementary school counseling: A national perspective." Paper presented at the AACD Convention, Cincinnati, OH, March.
- Troute, L. (1990). "Illinois Public Schools, Profile of Pupil Personnel Services Staff." Presentation to Illinois Counselor Educators and Supervisors. Carbondale, Illinois, July.

IACD IS MOVING

*After September 1, 1991, the address for
IACD business will be:*

***ILLINOIS ASSOCIATION For
COUNSELING And
DEVELOPMENT***

***P.O. Box 955
Normal, Illinois, 61761-0955***

IACD OFFICERS

PRESIDENT

Twyman Jones
Normal

PAST PRESIDENT

Bea Wehrly
Macomb

SECRETARY

Robin Smith
La Grange Park

TREASURER

Edward Hamann
Peoria

PRESIDENT ELECT

Dean Van Diver
Springfield

ADMINISTRATIVE COORDINATOR

Don Moler
Charleston

PARLIAMENTARIAN

Lori Russell
Peoria

EXECUTIVE BOARD

Jo Ann Hummers
Macomb (1993)

George Altha McCoy
Lombard (1993)

J. D. Hawkins
Normal (1992)

Robert Watters
Rock Island (1992)

Bob Cheffer
Elmhurst (1991)

Marilyn Penland
Aurora (1991)

IACD DIVISIONS

IAMCD

Gwendolyn Greenwood
Chicago

IAMECD

Rick Myer
DeKalb

ICDA

Richard Longfellow
Dixon

ICPA

Robert Abene
Northbrook

IMHCA

Philip Fleming
Canton

ISCA

Steve McClure
Manito

ICES

Dale Septeowski
Lombard



department of educational
psychology and guidance

Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

This document has been reproduced as
received from the person or organization
originating it.
Minor changes have been made to improve
reproduction quality.

Points of view or opinions stated in this docu-
ment do not necessarily represent official
DERI position or policy.

Contents:

- **Indirect Suggestion: Bypassing Client Resistance**
- **Identity Development of Traditional Age Female College Students**
- **Bulimia: What Counselors Need to Know**

C6025197

Number 122
Summer, 1991.

106

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

IACD

TO THE EDUCATIONAL RESOURCE
INFORMATION CENTER (ERIC)

EDITORIAL BOARD



SUMMER 1991

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, Ed.D.
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Deborah Gough, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR

M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR

Joan Green
Western Illinois University
Macomb

ASSISTANT EDITOR

Margaret Frohne

MANAGING EDITOR

Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Donald Moler, Illinois Association for Counseling and Development, Box 220, Charleston, IL 61920.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Table of Contents

**Indirect Suggestion:
Bypassing Client Resistance**

Lewis B. Morgan 2

**Identity Development of Traditional Age
Female College Students**

Marisa Bellandi Schorer 10

Bulimia: What Counselors Need to Know

Phillip A. Whitner and Arminta Shetterly 25

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Indirect Suggestion: Bypassing Client Resistance

Lewis B. Morgan

This article contrasts indirect suggestion with direct suggestion as a counseling strategy. The author reviews several indirect methods for inducing client change. While these methods can be employed with all types of clients, they are more frequently used with so-called "resistant" clients who balk at more directive methods. In this manner, client-counselor power struggles are kept to a minimum and the possibility of client change is enhanced.

The term "resistance," has its roots in psychoanalytic theory and is commonly defined as the client's use of defenses in the analytic situation (Blanck, 1976). Resistance can also mean simple noncompliance on the part of the client, which may be expressed through missing appointments, a failure to live up to the counseling contract, or a refusal to surrender old expectations or behaviors (Anderson & Stewart, 1983).

Erickson (1964) believed that resistance ought to be treated with respect and acceptance by the counselor since the resistance is a vitally important part of the client's problems. When resistance is accepted and utilized by the counselor, the client's defenses tend to be lowered, and rapport and cooperative behavior often follow.

Counselors who have been schooled in the humanistic therapies are typically reluctant to offer advice or issue directives to their clients, because to do so would be an infringement on clients' rights and responsibilities to reach their own decisions (Gibson & Mitchell, 1990). However, others would argue that virtually everything that counselors say or do within the counseling session is a directive of one kind or another (Haley, 1978). For example, when a counselor smiles and says "Uh-huh," that is an implicit directive for the client to continue talking. Indeed, when one

Lewis B. Morgan is a professor of Counseling and Human Relations at Villanova University, Villanova, Pennsylvania. Dr. Morgan also conducts a part-time psychological practice.

Correspondence regarding this article should be addressed to Lewis B. Morgan, Room 302D, Villanova University, Villanova, PA 19085-1699.

considers it from that perspective, counselor nondirectiveness is a myth.

Because a goal in counseling is to help individuals change their behavior, directive—or homework assignments—are one way of facilitating that change (Cormier & Cormier, 1979). Basically, counselors have two methods of offering suggestions to clients: (a) telling the client directly, in a straightforward manner, what to do; or (b) suggesting indirectly, almost in subliminal fashion, what the client is to do (Haley, 1978).

Direct suggestions are usually effective with cooperative clients, although even with this type of client, indirect or paradoxical techniques tend to elicit more rapid change. It is with difficult clients that indirect techniques are even more useful since the inevitable power struggle between the resistant client and the counselor is then avoided (Weeks & L'Abate, 1982).

The purpose for using indirect suggestion is twofold: (a) clients possess countless inner resources which they have seldom used and of which they are frequently not even aware; and (b) many clients have had only limited success in the past when relying on their conscious or rational mind to solve really difficult and persistent personal problems (Lankton & Lankton, 1983). Some repeat the same mistakes over and over, in spite of their good intentions to do things differently. An attractive alternative for the counselor to consider is to use indirect, rather than direct, suggestion.

Before proceeding any further, it might be helpful to give some examples of both direct and indirect suggestion.

DIRECT: "This week I want you to call your father."

INDIRECT: "I wonder whether your father would like to hear from you."

DIRECT: "Tell me about your relationship with your boss."

INDIRECT: "Have you ever thought about your relationship with your boss?"

As can be seen from the above illustrations, the indirect suggestion infers a direction for the client to go without actually telling the client what to do.

There are numerous indirect communication techniques, most of which are associated with Ericksonian hypnotherapy, strategic therapy, and neurolinguistic programming (Wylie, 1990; de

Shazer, 1985). In this paper, several of the more commonly used forms of indirect suggestion will be reviewed.

ILLUSION OF CHOICE

Illusion of choice gives clients the option of either complying or resisting, but no matter which of the two options is selected, something positive or beneficial occurs for the client. In a short, a "no-lose" situation is created (O'Hanlon, 1987; Gunnison, 1990). Thus, clients make the decision and have a sense of being in charge, while they also progress in a direction that they may have previously resisted. For example, suggesting to timid, nonassertive clients that they practice saying "No" to several people during the week creates a therapeutic double bind. If the clients complete the assignment, they gain a degree of self confidence from having asserted themselves. On the other hand, if they fail to complete the assignment, they are, in effect, saying "No" to, and being assertive with, the counselor. Either way, the clients are successful.

Saying to a client, "I'm not sure how soon you'd like to stop smoking. Would you prefer to stop this week or next week?" is another example of placing the client in an illusory position of control, yet also commits the client to a task that has not been accomplished in the past by the client. The same effect is achieved by asking a client, "Would you rather sit in the blue chair or on the sofa to go into a trance?" The client's entering a trance is presumed; the illusion of choice revolves around the furniture to be chosen by the client in the completion of the task.

FAULTY LOGIC

Faulty logic, also referred to as "presupposition," consists of linking two separate and distinct ideas together, usually the first of which is undeniably true and the second of which is debatable at best (King, Novik, & Citrenbaum, 1983). The intention is to have the listener accept and agree with the second idea. When a counselor says to a client, "Since you've returned for another session, you're now ready to work hard at resolving the problem," the counselor is linking a truism ("Since you've returned for another session..." with a second statement "...you're now ready to work hard at resolving the problem.") which may or may not be true. However, because the second half of the sentence is

linked causally to the first half of the sentence, the entire sentence sounds logical and true; thus, the client is already primed to fulfill the prophecy of the second statement. A few other examples of faulty logic are: "Now that you're 10 years old, you'll find that it's much easier to let your fingernails grow." "Because you've done so well these past few weeks, you're going to continue to improve at a rate which may surprise you."

PARADOX

Clients' symptoms are usually thought to be behaviors that must be eliminated or cured. In paradoxical psychotherapy, the symptom is considered to be a friend or an ally that works on behalf of the client (Weeks & L'Abate, 1982). Thus, a symptom of overeating, viewed from a paradoxical perspective, might be seen as a behavior used by the client to alleviate boredom, frustration, anger, or anxiety. Rather than try to convince the client that it would be appropriate to discontinue overeating, a counselor using paradox might suggest that the overeating be carried on, but only at certain times of the day and under prescribed conditions, e.g., "Every hour on the hour, you can have a snack of your favorite foods, except that I'd like you to do this 18 hours a day and to change your clothing each time that you have your snack." This type of paradoxical intervention is known as "prescribing the symptom" (Weeks & L'Abate, 1982).

It is important that the counselor's suggestion alter in some manner the pattern of undesired behavior so that the behavior can no longer be construed as involuntary or uncontrollable by the client (Weeks & L'Abate, 1982). By having the client overeat according to a schedule, the counselor changes an unconscious behavior into an act that is quite conscious and planned. After a while, performing the task becomes so burdensome that the client eventually gives up the overeating and eats in a more normal manner.

The "prescription" can be delivered in such a way that the client can reject part of the assignment, but nonetheless still accomplish that main purpose behind the assignment. So a counselor might suggest, "The best days to go job-hunting are Tuesdays and Thursdays, although some people seem to prefer Mondays and Wednesdays. You may even decide to go on a Friday, but if I were you, I'd seriously consider Tuesdays or Thursdays." A resistant client would likely choose to hunt for a job on any day but Tuesday

or Thursday, but as long as the job hunt took place, the days of the week on which it was done are irrelevant.

Counselors, of course, need to use common sense in deciding whether to use a paradoxical technique. These methods should be used ethically and discriminately and always in the client's behalf. For example, a counselor would never suggest paradoxically to addicted clients that they go out and shoot up all the heroin they can get their hands on. Besides being totally irresponsible, a counselor issuing that kind of directive would also be engaging in unethical, immoral, and illegal conduct.

METAPHORS, STORIES, AND ANECDOTES

Story-telling is certainly one of the most time-honored ways of transmitting the knowledge, values, and mores of a culture. Stories told to a client in a therapy or counseling context are designed to parallel the client's real life experiences so that the client, at an unconscious level, derives meaning from the metaphor, thus enabling the client to solve the problem (Gordon, 1978; Barker, 1985). Telling stories is a creative way of speaking to the client's unconscious mind, which is so often the part responsible for deriving the insights and tapping the resources essential to solving the client's problems (Erickson, Rossi, & Rossi, 1976).

The metaphor should mirror the client's world to some degree, although more in overall structure than in actual content (King et al., 1983). Thus, an adolescent girl who has started to use drugs and lost all interest in her school work would be told a story about a kitten which had become lost and was trying to find its way back home.

The specific events and the characters in the story should not be identical or even too similar to the events and characters in the client's actual situation, since then the client would recognize the similarities and begin to understand, at a conscious level, that the metaphor was really about him or her. For the metaphor to be effective, the intended message should remain outside the client's consciousness, so that there is less chance of resistance (Gordon, 1978).

The outcome of the metaphor must be realistic, attainable, and within the client's control. Magical cures or unrealistically happy endings fail to provide the client with any usable information about how to proceed in order to solve the problem (Gordon, 1978).

It is a good idea to tell the story in a casual manner, almost as an afterthought. An appropriate time would be just before or after a counseling session, when the client is not consciously focused on therapeutic issues and, thus, would be more receptive to indirect suggestions (King et al., 1983). The story can be introduced in a seemingly logical way so that the client's sense of order remains unaffected. Some possible leads which might accomplish that are: "I had a friend who..." "I heard a fascinating story this past week..."

Finally, the metaphor should not be analyzed or processed with the client afterward, since this would make it a rational exercise and tend to negate the effectiveness of the metaphor's appeal to the client's unconscious mind. It is best, after telling the story, to shift the focus quickly to another topic (Citrenbaum et al., 1985).

EMBEDDED SUGGESTIONS

Embedded suggestions are frequently used in conjunction with metaphors. The counselor intersperses throughout the story suggestions that are crucial to the client's solving of the problem. This method involves the placement of an important message, directed toward the client's unconscious mind, within the context of a sentence. The embedded suggestion is usually set apart from the rest of the sentence by: (a) a pause before and after the message; (b) using the client's name immediately before or after the message; or (c) shifting the tone or volume of the voice as the message is spoken (Citrenbaum, King, & Cohen, 1985). Notice the difference between a direct and indirect suggestion, where the embedded suggestions are capitalized.

DIRECT: "Remember to practice relaxation every day!"

INDIRECT: "Many people who have learned to... PRACTICE RELAXATION EVERY DAY, STAN...say that they begin to feel better."

DIRECT: "You really ought to become more assertive with people."

INDIRECT: "As my friend grew a little bit older, he decided to, LINDA...BECOME MORE ASSERTIVE."

When delivered in a subtle manner, the embedded suggestion can have a strong and positive effect on the client, since the communication is indirect and is met with virtually no resistance from the client.

CONCLUSION

Counselors need to have at their disposal a variety of techniques, as well as a flexibility in their approaches to helping clients. Counselors who are purists in their counseling philosophy or style unnecessarily limit themselves. Resistance, or noncompliance, on the client's part is often as much a commentary on the attitude and behavior of the counselor as it is of the client. An essential aspect of the counseling process is for the counselor to establish rapport with the client, to follow the client carefully so that there is a clear understanding of the client and the client's situation, and then to elicit responses from the client which bypass any inherent resistance to change and which enable the client to do things differently and to move forward in positive directions. Indirect suggestion is one way of allowing clients to utilize their untapped potential to resolve problems which may have stymied them previously. The indirect approach is worthy of consideration, particularly when other, more orthodox, methods have proven to be ineffective. Many counselor-client power struggles and impasses are thus averted.

REFERENCES

- Anderson, C. M., & Stewart, S. (1983). *Mastering resistance: A practical guide to family therapy*. New York: Guilford.
- Barker, P. A. (1985). *Using metaphors in psychotherapy*. New York: Brunner/Mazel.
- Blanck, G. (1976). "Psychoanalytic technique." In B. B. Wolman (Ed.), *The therapist's handbook: Treatment methods of mental disorders*. New York: Van Nostrand Reinhold.
- Citrenbaum, C. M., King, M. E., & Cohen, W. I. (1985). *Modern clinical hypnosis for habit control*. New York: W. W. Norton.
- Cormier, W. H., & Cormier, L. S. (1979). *Interviewing strategies for helpers*. Monterey, CA: Brooks/Cole.
- deShazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.
- Erickson, M. H. (1964). "A hypnotic technique for resistant patients: The patient, the technique, and its rationale and field experiments." *American Journal of Clinical Hypnosis*, 7, 8-32.
- Erickson, M. H., Rossi, E. L., & Rossi, S. I. (1976). *Hypnotic realities: The induction of clinical hypnosis and forms of indirect suggestion*. New York: Irvington.

- Gibson, R. L. & Mitchell, M. H. (1990). *Introduction to counseling and guidance*. New York: Macmillan.
- Gordon, D. (1978). *Therapeutic metaphors*. Cupertino, CA: Meta Publications.
- Gunnison, H. (1990). "Hypnotherapy: Ericksonian hypnosis for counselors." *Journal of Counseling & Development*, 68, 450-453.
- Haley, J. (1978). *Problem-solving therapy*. New York: Harper Colophon.
- King, M. E., Novik, L., & Citrenbaum, C. M. (1983). *Irresistible communication*. Philadelphia: W. B. Saunders.
- Lankton, S. R., & Lankton, C. H. (1983). *The answer within*. New York: Brunner/Mazel.
- O'Hanlon, W. H. (1987). *Taproots*. New York: W. W. Norton.
- Weeks, G. R., & Abate, L. L. (1982). *Paradoxical psychotherapy*. New York: Brunner/Mazel.
- Wylie, M. S. (1990). "Brief therapy on the couch." *The Family Therapy Networker*, 14, 26-35.

Identity Development of Traditional Age Female College Students

Marisa Bellandi Schorer

This article discusses the need for student affairs professionals to understand the unique identity development of traditional age female college students. The author argues that identity development for females and males is quite different and that by not recognizing these differences female development is constantly and incorrectly compared against male development.

Traditional age female college students face many unique challenges that are primarily attributable to their sex. Women arrive on campus carrying different baggage than their male counterparts. They are socialized differently than men because society places different expectations on them, and their self perceptions are uniquely formed and developed. Women measure their successes and failures by different yardsticks than men. Consequently, their identities are unique and must not be compared against that of males. As Miller (1986, p. xi) explained, "...our understanding of all of life has been underdeveloped and distorted because our past explanations have been created by only one half of the human species." Student affairs professionals have an obligation to make themselves aware of the different needs of female as well as male students if they are to provide an environment conducive to the development of healthy identities for both sexes.

SETTING THE STAGE

The development of identity is an ongoing process that can be facilitated or hindered by one's environment. One's values, ethics, and beliefs join to form the foundation of one's identity. As Josselson (1987, p. 3) explains, "The most important developmental task facing women today is the formation of identity, for

Marisa Bellandi Schorer, MEd, is Program Coordinator at the Center for the Development of Technological Leadership, University of Minnesota, Minneapolis.

it is in the realm of identity that a woman bases her sense of herself as well as her vision of the structure of her life. Identity incorporates a woman's choices for herself, her priorities, and the guiding principles by which she makes decisions." According to Erikson (1950) and Sanford (1966) there are three conditions which appear to aid in the development of identity: relative freedom from anxiety and pressure, varied experiences, and meaningful achievement. College can be a critical period for female identity formation because of the many growth promoting forces that can be found within the campus environment which cannot be equaled elsewhere.

Unfortunately, there has been relatively little research done on the identity development of women. The bulk of the research focuses on male development and compares female development against that of males. Normal development is based on the male process which does not take into consideration the different priorities and drives of women. Gilligan (1982, p. 69) points out that "...as long as the categories by which development is assessed are derived from research on men, divergence from the masculine standard can be seen only as a failure of development." Although Erikson (1968) does see unique characteristics in male and female identity development, he feels the female is not able to fully realize her identity until she has an intimate relationship with a man. The male realizes his identity prior to the development of an intimate relationship whereas the woman must have an intimate relationship in order to define her identity. "...the stage of life crucial for the emergence of an integrated female identity is the step from youth to maturity, the state when the young woman, whatever her work career, relinquishes the care received from the parental family in order to commit herself to the love of a stranger and to the care to be given to his or her offspring" (Erikson, 1968, p. 265). According to Erikson, the female's identity, based on an intimate relationship, is always dependent on others for approval. Should she never develop such an intimate relationship her identity would remain incomplete.

Taking into account the past research generated on female identity development, it should be of no surprise to learn that women often have a difficult time defining their own identities. Always being compared against the male model of development is similar to placing a square peg in a round hole; the pieces do not fit together and therefore, one is considered out of place. Even the language used to describe male identity development is

inadequate when speaking of female identity development. Male identity terminology includes such words as authority, detachment, independence. Whereas female terminology includes such words as relationships, intimacy, and communication. Miller (1986, p. xxi) warns us that, "There is no easy leaping over the only systems of thought and language that we have inherited. But we are now becoming increasingly aware of the need for new assumptions and new words."

Females clearly approach problems, interactions, and relationships in different ways than do males. In a study performed by Lawrence Kohlberg (1958) on moral development in adolescence through analysis of conflicts and their resolution, some basic differences in male and female perceptions are revealed. Kohlberg's study showed that females see the world as comprised of relationships, not individuals standing alone. Males perceive the mediation of problems through logic and law, whereas females perceive it through communication in relationships. Males tend to relate to the world in terms of dangerous confrontation. On the other hand, females tend to relate to the world in terms of care and protection (Gilligan, 1982). The male subject in Kohlberg's study appeared to be more advanced in moral maturity than the female subject. This perception was attributable to the fact that the development theory being used does not take into account the answers given by the female. Because she did not match the male standards, she was thought to be morally immature.

This study attests to the need for theories that take into account the different values and perspectives of females. Gilligan (1979, p. 432) further confirms the need for female based identity research when she says, "Implicitly adopting the male life as the norm, they have tried to fashion women out of a masculine cloth. It all goes back, of course, to Adam and Eve, a story which shows, among other things, that, if you make a woman out of a man you are bound to get into trouble. In the life cycle, as in the Garden of Eden, it is the woman who has been the deviant." In addition, as Greiner (1988, p. 489) points out, "Because affective activities such as showing care or nurturance are especially characteristic of women's functioning, it is imperative that educators value these activities if men and women are to have equal educational opportunities." Male values can no longer be viewed as normative if females are to be treated as equals.

FEMALE VS. MALE IDENTITY DEVELOPMENT

Most females arrive on the college campus with an identity that has been greatly influenced by their home environments. Typically this influence has encouraged the woman to develop herself personally and professionally but to always remember her main goals in life, which should be to marry and raise a family. Bernard (1981, p. 261) explains that, "The sex-role socialization of girls has been 'counter-developmental' in the sense that, far from emphasizing autonomy and independence, it has emphasized the 'achievement'—sometimes against odds—of dependency." Also, as stated by Morgan and Farber (1982, p. 201), "It is the co-existence of two contrasting sets of role expectations which makes female identity conflict not only possible but perhaps inevitable." Bearing this in mind, it seems only natural that many women experience personal conflict once in college.

WOMEN IN COLLEGE

The college environment is one of competition and high expectations. Students are encouraged to develop their individual talents, to outperform one another, and to develop their independence. These goals are often contrary to what females have been accustomed to in previous years. For example, females are raised to define themselves through their attachment to others. They are threatened by separation. Women define their identities through their relationships with others and their ability to care. In later years, this failure to separate is interpreted as a failure to develop (Gilligan, 1979). On the other hand, separation and individuation are considered essential to the development of masculinity and males are threatened by intimacy. The male must separate from his mother if he is to develop masculine traits, whereas the female does not have this need to separate (Gilligan, 1982). Consequently, the independence that females are expected to develop while in college is often contrary to the characteristics they have been taught to value.

The competitive nature of college and the need to perform is sometimes unnatural to many female students. Women usually prefer to develop a connection with others, not at the expense of others (Griffin-Pierson, 1988). Competitiveness and a general aggressive attitude toward self development are not seen as feminine characteristics. Yet, if women are to succeed personally, academically and professionally, they are expected to be

competitive and aggressive in their own development. College women are barraged with contradictory demands. They are required to excel academically and socially, while maintaining a balance between self interests and others. They are expected to develop into independent and productive human beings, while remaining dependent on their families or significant others. Self assertion in females is often seen as selfish and morally dangerous (Gilligan, 1982). The mixed messages females receive can be confusing and overwhelming, driving women in conflicting directions.

Throughout their college years women, as do men, exert endless hours toward successfully completing their college education. Although they are exposed to all the opportunities for success on the campus, women are still faced with a much more difficult journey. As Komarovsky (1985, p. 4) points out, "For all the wider opportunities to participate in the public spheres, and the more egalitarian values now enjoyed by women, female undergraduates face many dilemmas, inconsistencies, and outright contradictions. They are inspired to reach toward new (for women) levels of achievement in a society that fails to provide the means necessary for the realization of these goals." For example, there is the challenge of combining a career and motherhood. Many families encourage their daughters to attend college and are proud of their achievements, yet they remind them of the costs they may have to pay for their success. In addition, there are the added pressures received from friends, the college, and the media to conform to stereotypical female roles. Indeed, women have more options available to them today than ever before, but they are still expected to fulfill their traditional roles.

Colleges, similar to society in general, stress the importance of personal and professional strength and success. Currently, strength and success are based on narrow, male based definitions which have proven detrimental to understanding females' approach to identity development. In order to evaluate the female process to identity development, one must understand womens' values. As Gilligan (1979, p. 440) explains,

Women's deference is rooted not only in their social circumstances but also in the substance of their moral concern. Sensitivity to the needs of others and the assumption of responsibility for taking care lead women to attend to voices other than their own and to include in their judgement other points of view. Women's moral weakness, manifest in an apparent diffusion and confusion of

judgement, is thus inseparable from women's moral strength, an overriding concern with relationships and responsibilities.

Gilligan's explanation illustrates how women, basing their identities on a moral concern for others, can be perceived as indecisive and weak willed. Yet, women are socialized from the time they are infants to always consider the impact their actions may have on others, to be sensitive to the needs of others and how they may better serve these needs. The difficulty is found not in the values of women, but in the ways these values are compared against those of men.

THE ROLE OF STUDENT AFFAIRS PROFESSIONALS

The isolation experienced by students as freshmen and sometimes beyond their first year has a negative impact on identity development. Lack of affiliation results in students being unable to share experiences, concerns and fears with fellow students who, more often than not, are having similar experiences. As Komarovsky (1985, p. 19) confirms, "Such isolation in the midst of dense collective activity in packed elevators, classrooms, libraries, and cafeterias resulted not only in loneliness but in a disorienting loss of identity". Students need the comfort and reassurance that they are not alone in their struggle to identify who they are and how they fit within the structure of society. In addition, as Chickering (1972) explains in his discussion of the seven vectors of development, it is necessary for individuals to have developed their sense of competence, autonomy, and emotions in order to achieve identity. Here again, the campus is called upon to provide an environment in which students can concentrate on these three vectors so that the ground is fertile for the development of identity.

Student affairs professionals can take an active role in facilitating the development of female college students. As has been stated above, the campus can be a fertile ground for the development of competence, emotions, autonomy and ultimately, identity. Female students are confused by their traditional values which are often contrary to the values of present day, liberated women (Morgan & Farber, 1982). Students need assistance in determining where they are developmentally and what is the most effective way for pursuing further development.

Understanding Female Development

In order for student affairs professionals to be effective in aiding female identity development they must first understand female development themselves. Greiner (1988, p. 487) explains that, "studying women's development or studying women's achievement behavior will increase our understanding of female students. Comparing women's behavior to men's only allows us to understand female students relative to male students, thus limiting our understanding." Coming from an understanding perspective will provide a student affairs staff with the necessary knowledge to assist in women's development.

Promoting Identity Achievement

Throughout much of the literature on female identity development the research of Marcia (1966) and his development of four identity statuses is discussed. Marcia (1966) believes that in order to achieve identity an individual must experience a crisis followed by a commitment. As Josselson (1987, p. 27) explains, "...having weighed possibilities, perhaps experimented with different choices, the young person, at the end of adolescence, must make commitments about what to become and what to believe." Marcia's (1966) four identity statuses, achievement, foreclosure, moratorium, and diffusion, classify individuals according to where they are in the process of pursuing an identity. Josselson (1987) provides a useful description of females that fit into each of Marcia's categories. The description can be useful to student affairs professionals as they determine a student's current identity status and what is required for the student to reach the status of achievement.

Women who are categorized as identity foreclosures have adopted the beliefs and values of their parents without having experienced any kind of a crisis. They do not question the values that have been handed down to them and proceed through life without making identity decisions. Identity diffusions have stopped accepting the identity handed down to them by their parents, but they are not currently involved in a crisis or a commitment stage. They are avoiding any concrete identity formation. Identity moratoriums are actively searching for an identity status, but are not prepared to make any commitments. Finally, identity achievements have experienced crises, have made commitments, and have established a unique and independent identity for themselves. An individual's identity is in a constant

state of flux, moving from one status to another, but the more one is able to experience crises and make commitments, the more stable one's identity will become.

Encouraging Peer Relationships

Undoubtedly, one of the most important criteria for the development of identity is the presence of strong peer relationships. As Josselson (1973, p. 15) confirms, "The need for ego support from peers derives from the loosening of ego ties to the parents of childhood. Peer support provides the bulwark from which to rework the superego and ego ideal, to form new identifications, and to shake loose from dependency on the parents." Identity foreclosures appear to have the most difficulty in developing peer relationships because they are unable to trust anyone outside of their families. Foreclosures tend to view the world in black and white terms and have no tolerance for those with differing viewpoints. In a study performed by Josselson (1973), she showed that foreclosure women tended to have extremely possessive mothers who demanded all of their affections and very affectionate relationships with their fathers, whom they always tried to please. Significant others of foreclosure women serve as parental substitutes. Intimacy and sexuality are tolerated but not enjoyed. Nevertheless, foreclosure women do not see themselves as dependent and are very steadfast in their beliefs as long as these beliefs are consistent with the demands of the superego.

Yoon (1978) in his study of sex differences in best friendship patterns among college students, found that female friendships are more emotionally intense, physically demonstrative, nurturant and ego supportive than those between men. Realizing this tendency, student affairs professionals need to offer activities that will foster bonding among students. Students should have available to them a variety of activities that will spark their interest and encourage them to take the risk to participate. To facilitate student interaction, residence halls should incorporate lounges which offer a comfortable, welcoming environment for students to interact. School sponsored social activities and orientation programs should include ample unstructured time so students have the opportunity to socialize. Undoubtedly, one of the main purposes of college is for students to focus on academics, but the facilitation of student relationships must not be underestimated. If students are not developing personally and socially they often will not have the interest or drive to focus on academic achievement.

Providing Role Models

Identity diffusions, according to Josselson (1973), are the hardest women to understand because they are not experiencing a crisis or a commitment. They drift through life, repeatedly changing their identities. They struggle with decisions and are able to determine what they do not want to be, but cannot determine what identity structure they wish to adopt. Students in this category cannot determine what majors to declare, what groups to affiliate with, or what causes to support.

Females who fit into the identity diffusion category need to learn how to make decisions that are consistent with their values, but first, they need to determine what are those values. Women who are in this category have typically not been able to develop strong ties with either of their parents. As children they had no role models with which to identify and, as adults, they have very low levels of self-esteem (Josselson, 1973). Identity diffuse students are in need of role models. They should be provided with many opportunities to interact with the faculty, student counselors, student affairs staff, and peer advisors. These students need to receive regular feedback from faculty and advisors on how they are progressing socially and academically. In addition, participating in activities where they are able to help others will add to their levels of self-esteem. Such activities could include tutoring or participation in student and community activities. This type of student could easily fall through the cracks and needs to receive special attention so that she will develop enough self-esteem to be able to make concrete decisions.

Developing Self-Esteem

Identity moratoriums, involved in a crisis but unable to make a commitment, continuously experience feelings of guilt. They often feel guilty if they are about to or have already disappointed their parents. Josselson (1973) found that most of the moratoriums in her study have overprotective parents who smother their children. These women usually idealize one of their friends, wishing they could be more like this friend. Moratoriums have low self-esteem and an extreme need for relationships. Their self-worth is dependent on their relationships. These individuals are extremely sensitive and, generally, very likeable because of their readiness to please.

Identity moratoriums, similar to identity diffusions, need to develop their levels of self-esteem. The woman in the moratorium

status does not have difficulty entering a crisis, but has difficulty making a commitment. Because she is so concerned with pleasing others, she is afraid that her decisions will disappoint someone. Moratoriums need exposure to nonthreatening situations in which they must make decisions. The decisions need not and should not, at least to begin with, be of major consequence. Decisions such as which curriculum path to pursue or which residence hall to move into will give students the opportunity to make decisions completely on their own. Once such decisions are made the student needs to receive positive feedback. This feedback does not necessarily have to deal with the choice that was made, but more importantly, that a choice was made.

Because moratorium women are so sensitive and anxious to be liked, they need to understand the normalcy of confrontation and disagreement. Such an understanding can come from being exposed to an environment that embraces and celebrates diversity. Diversity should be a welcome element on any campus and if students are encouraged to accept diversity, they may realize that they can contribute to it and still be a welcome part of the community. Simply being exposed to diversity is not enough. Women need to understand that if they were raised in a traditional home with traditional female values that they have additional options available to them. These options may be different than what they were raised with, but that does not make them unattainable and certainly not wrong, only different. Students need to understand that they can choose their own identities, even if they are not always consistent with the identities they possessed as children. Student affairs professionals can play an educative role in helping students to understand and accept diversity.

Maintaining Identity Achievement

Identity achievements, having experienced crisis and commitment, are able to generate self-esteem based on their own qualities as opposed to the feedback of others. These women can disagree with others, especially parents, and understand that this is a natural occurrence. According to Josselson (1973), achievement women strive for independence and look for men who "will care about them and replace some of the self-esteem that will inevitably be lost as distance from their parents increases" (p. 25).

Women who are categorized as identity achievements have had the courage to develop their own values and stand by those values. Nevertheless, achievements still need to receive positive feedback

and reinforcement because they could easily slip into one of the other statuses. Peer groups can have an immense impact on a student and until she has experienced a number of crises and commitments, she will be vulnerable to the influences of those around her. Identity achievement students can serve as role models for females in other categories. Diffusions and moratoriums are anxious for role models and look to peers for reinforcement more than any other groups. If some of these peers were women in the achievement category the results could be very positive. Student affairs professionals cannot possibly categorize all students and determine where those in the achievement status should be placed. But, they can facilitate the interaction of students and encourage those students who they consider to be achievements to, whenever appropriate, share their philosophies, concerns, and values with others.

Program Planning

There are a variety of stereotypical beliefs regarding female development that student affairs professionals should avoid when establishing an overall philosophy for programming. Evans, Bourassa, and Woolbright (1985) warn against some typical assumptions that have been made regarding female development. First, they warn against assuming that all college women are at the same developmental level with the same needs. Second, educators should not assume that all women adopt the values associated with the women's movement. Next, programming for women should not exclude men. Many professional and personal experiences of women involve men so efforts should be made to educate men on the needs and values of women. Finally, women's programming should be accepted and adopted by the entire institution and not just one department if it is to be successful and ongoing.

There are many programs that can be initiated by student affairs professionals to aid in the development of female students. Women's self image is often related to their body image. A negative image can be manifested in eating disorders, stress and depression. Students should have access to support groups and personal counseling to address these problems (Evans et al. 1985). Support groups can prove to the student that she is not alone in her struggle and that many other students have the same concerns and fears which she is experiencing. As Komarovsky (1985, p. 11) explains, "The helpless bewilderment of a freshmen who imagines

that her difficulties are unique may give way to a greater degree of rational detachments as she discovers the near-universality of some problems."

Freshman orientation programs are of critical importance in helping women to adjust to their new environment. If students can find at least one individual with whom to affiliate they will adjust more easily. Women, having shown an extreme need for peer support in the development of identity, need to build friendships as soon as they arrive on the campus. These relationships will give them the necessary encouragement to take risks and seek out additional affiliations.

In addition to social competence, academic competence is of critical importance in the establishment of identity. Usually, students have difficulty in the areas of math and writing. Consequently they should be provided with math and writing workshops that will raise their levels of competence. Also, students should receive prompt feedback from the faculty so they are fully aware of their progress.

Identity development can also be fostered through open and honest relationships between students and staff. When appropriate, student affairs professionals should discuss their own values and beliefs openly with students and should encourage faculty members to do the same (Evans, 1988). These groups serve as excellent role models and if students can hear the staff's perceptions of women they will evaluate their own beliefs against those of their mentors. Colleges should promote an understood philosophy which encourages the development of all individuals and does not condone the mistreatment of any group.

In order for students to determine what identity factors are most consistent with their personalities, the campus environment should allow for experimentation. Students often like to adopt new hair styles or fashion trends. They should understand that this is natural and that the campus, within obvious limits, will permit such experimentation. If students feel they are supported in their search for an identity they will express less inhibition in this search.

CONCLUSIONS

One should be encouraged not only by the raised level of awareness that has been generated on female development, but also by the new research techniques that are just beginning to be

adopted. Proposals such as the new scholarship on women will not only teach the public more about women but they will provide a female perspective in the professional research (Greiner, 1988), a perspective which is currently lacking and forces women to conform to male norms. Females need to understand that achievement does not necessarily lead to detachment and isolation from others, a perspective often adopted by many young women (Griffin-Pierson, 1988). Women cannot be expected to fully understand even their own development until there exists a terminology and research base that allows them to validate their development. Student affairs professionals who are truly concerned with the holistic development of all students must become fully aware of the problems that exist in evaluating female development and educate their students on these problems.

Female role models are essential for female students to realize their own potential. Bernard (1981, p. 275) asks the question,

"What would colleges be like if women were more involved in running them—if they had more to say about their policies, organization, and operation?" Although the number of women in education has increased there are still few females in high level authority positions. As Bernard (1981, p. 274) explains, "Barriers to the professional achievement of women have traditionally been so high that only exceptional women have been able to surmount them." Having more women involved in the running of colleges will not only provide much needed role models; it will also enable institutions to more fully understand and promote female development.

College is a very unique period in an individual's life because of the great amount of time and energy that can be dedicated toward personal development and goals. The value of this time must be realized so that students are able to take full advantage of it. As Chickering (1972, p. 92) explains, "In twentieth-century society, where change is the only sure thing, not socialization but identity formation becomes the central and continuing task of education." If female college graduates continue to question how their present day values coincide with the values they were raised with, if they continue to avoid success and achievement for fear of isolation, if they continue to wonder why their identities do not coincide with those of their male counterparts, then we as educators have failed in our attempts to foster female identity development. There is no reason to fail. The challenge of encouraging female identity development separate from that of

males' may be a formidable one, but it is certainly a challenge worth pursuing if student affairs professionals wish to adhere to their humanistic philosophy which promotes the holistic development of all students.

REFERENCES

- Bernard, J. (1981). "Women's Educational Needs." In A. W. Chickering & Associates (Eds.), *The Modern American College* (256-278). San Francisco: Jossey-Bass, Inc.
- Chickering, A. W. (1972). *Education and Identity*. San Francisco: Jossey-Bass, Inc.
- Erikson, E. H. (1950). "Growth and Crisis of the 'Healthy Personality.'" In M. J. E. Senn (Ed.), *Symposium on the Healthy Personality* (91-146). New York: Josiah Macy, Jr. Foundation.
- Erikson, E. H. (1968). *Identity—Youth and Crisis*. New York: W. W. Norton & Company.
- Evans, N. J., Bourassa D. M., & Woolbright, C. (1985). "Working with Young Undergraduate Women." In N. J. Evans (Ed.), *Facilitating the Development of Women* (45-59). San Francisco: Jossey-Bass, Inc.
- Evans, N. J. (1988). "Practicing What We Teach: Implications of the New Scholarship on Women for Student Affairs Preparation." *Journal of College Student Development*, 29, 499-501.
- Gilligan, C. (1979). "Woman's Place in Man's Life Cycle." *Harvard Educational Review*, 49, 431-446.
- Gilligan, C. (1982). *In a Different Voice*. Massachusetts: Harvard University Press.
- Greiner, M. (1988). "The New Scholarship on Women: An Innovative Perspective for Student Affairs." *Journal of College Student Development*, 29, 485-491.
- Griffin-Pierson, S. (1988). "Achievement and Competitiveness in Women." *Journal of College Student Development*, 29, 491-495.
- Josselson, R. L. (1973). "Psychodynamic Aspects of Identity Formation in College Women." *Journal of Youth and Adolescence*, 2, 3-52.
- Josselson, R. L. (1987). *Finding Herself—Pathways to Identity Development in Women*. San Francisco: Jossey-Bass, Inc.
- Kohlberg, L. (1958). "The Development of Modes of Thinking and Choices in Years 10 to 16." *Ph. D. Dissertation*. University of Chicago.

- Komarovsky, M. (1985). *Women in College: Shaping New Feminine Identities*. New York: Basic Books, Inc.
- Marcia, J. E. (1966). "Development and Validation of Ego Identity Status." *Journal of Personality and Social Psychology*, 3, 551-558.
- Miller, J. B. (1986). *Toward a New Psychology of Women*. Boston: Beacon Press.
- Morgan, E. & Farber, B. A. (1982). "Toward a Reformulation of the Eriksonian Model of Female Identity Development." *Adolescence*, 17, 199-211.
- Santford, N. (1966). *Self and Society: Social Change and Individual Development*. New York: Atherton Press.
- Yoon, G. (1978). "The natural history of friendships: Sex differences in best friendship patterns." *Unpublished doctoral dissertation*. St. Louis University.

IACD IS MOVING

***After September 1, 1991, the address for
IACD business will be:***

**ILLINOIS ASSOCIATION For
COUNSELING And
DEVELOPMENT**

**P.O. Box 955
Normal, Illinois, 61761-0955**

Bulimia: What Counselors Need To Know

Phillip A. Whitner and Arminia Shetterly

This paper explores various definitions of bulimia and traces its evolution. It identifies numerous symptomatic areas that need to be evaluated during assessment and diagnosis. Treatment modalities are explored and issues are presented that counselors and mental health professionals need to address. Issues include: a) which agencies should treat bulimia, b) the credentials and skills of those providing treatment, c) the type of treatment that should be offered, d) when referrals should be made, e) the need for long-term treatment, f) the need for the coordination of multiple service providers and problems, and g) the responsibilities of the counselor.

DEFINING BULIMIA

The origin of the word Bulimia comes from the Greek word which means "the hunger of an ox" (Webster's New... 1975). Modern definitions of bulimia which have appeared in published American dictionaries include: "an abnormal and constant craving for food" (Webster's New... 1975; Webster's Ninth... 1985), "insatiable appetite" (The American Heritage... 1982), "excessive appetite for food" (A Comprehensive... 1958).

Today bulimia is recognized as a pathological eating behavior. However, there is "confusion and controversy over nomenclature, criteria for diagnosis, etiology, and treatment" (Johnson and Connors, 1987, p. 3). Zimpter (1990) is in agreement. He stated, "We do not have a clear understanding of the nature of bulimia. Although the concept of a distinct syndrome has become generally accepted, there is disagreement about its optimal definition and about its causation and treatment" (p. 249).

A historical overview of bulimia is helpful in understanding how this confusion arose. Initially, according to Calhoun (1977), bulimia was defined as excessive overeating which resulted in

Phillip A. Whitner, Ph.D., and Arminia Shetterly, A.B.D., are employed at the University Counseling Center, The University of Toledo, Ohio.

obesity. Even though the roles that hereditary and physiological variables might play in obesity were recognized, most professionals emphasized the psychological and social factors as major determinants. Calhoun based his understanding of bulimia on the pioneering work of Hilde Bruch. Bruch (cited in Calhoun, 1977) distinguished three different, though not mutually exclusive, categories of obesity. The first category was that a child might become obese not because of any emotional problem, but because overeating was the "normal" thing to do in his family and/or ethnic group. The second was that obesity might occur in response to an acute emotional stress, such as the death of a parent or the birth of a sibling. The third category was that obesity could occur as a function of family problems, especially marital problems between parents. When parents were in conflict, according to Bruch, "...they often attempt to satisfy their own needs through their children. The response of the mother, in particular, may be to overprotect and overfeed the child. As a result, the child becomes obese and maintains his obesity by overeating whenever he is subject to stress and frustration" (p. 409).

Other sources of stress and frustration, according to Calhoun (1977), which maintain and increase the bulimia and obesity are ridicule and rejection by peers, self-contempt, and guilt. To assuage these feelings, the bulimic child engages in binge eating which has been defined as the rapid uncontrolled consumption of large amounts of food. These binges may last from a few minutes to several hours with the person consuming from 1,000 to 55,000 calories (Argas, 1987; LeBow, 1989; Weiss, Katzman, & Walchik, 1985).

The behavior of binge eating followed by purging was not included in Calhoun's (1977) discussion of bulimia. However, when he discussed the eating disorder anorexia nervosa he stated the "...disorder can take one of two forms: the patient refuses to eat, or she eats and then either induces regurgitation or regurgitates involuntarily" (p. 148).

At this time, bulimia was used to describe uncontrolled overeating which resulted in obesity. It was not associated with other disturbed patterns of eating. Bruch's (1985) work with the syndrome she named primary anorexia nervosa changed this view. She found that a sub-group of anorexics could not maintain a rigid control over their eating. This sub-group gorged themselves with huge amounts of food and then purged to maintain their low weight. Almost 25% of the group on which she reported in 1973

exhibited this symptom. The bingeing anorexics did not look too different from the abstaining anorexics, except, as Bruch noted "...they appeared to be less rigid and emotionally somewhat more alert, but also more disturbed..." (p. 11). Bruch added that the percentage of anorexics who binge eat and purge has risen to 50% over the past ten years. Johnson and Connors (1987) attest to this progression of symptoms saying that "...prior to the 1940's bulimic behavior was reported as occurring primarily in the context of anorexia nervosa. During the 1950's the phenomenon of binge eating was described among obese populations. It was not until the last decade, however, that the prevalence of bulimic behavior among individuals without significant histories of weight disorder became apparent" (p.7).

Whitaker (1989) believed the increase in eating disorders, particularly bulimia, among young women had a strong correlation with the change in idealized feminine beauty as portrayed in the media. He stated, "...in 1970 all of the five top rated most beautiful women had full curvaceous figures (Elizabeth Taylor, Sophia Loren, Raquel Welch, Brigitte Bardot, and Marilyn Monroe), but in 1971 Audrey Hepburn and Twiggy moved into ties for fifth place. By 1976 the extremely thin model Twiggy was in first place" (p. 15).

Bulimia, as a separate diagnostic category, first appeared in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders* third edition (DSM-III). It has, in addition, become a topic of wide discussion in media and the popular press. Despite the recognition given bulimia by both the press and professional community, confusion and doubts about its definition remain. Bruch (1985) is adamant in her belief that bulimics are not a subset of anorexia nervosa sufferers but rather a separate and distinct group who only want "...to share in the prestige of anorexia nervosa" (p. 12).

Because of the history and confusion surrounding bulimia, counselors must make clear to themselves and others the behaviors and symptoms they are identifying when using the word bulimia. For example, does bulimia mean to binge eat or does it mean to binge eat and purge? Others may use bulimia to denote the entire clinical syndrome which includes severe psychological disturbances accompanied by binge eating and purging. As new information about eating disorders is found the symptoms associated with diagnosing bulimia must be clarified. Hill's (1989) recent study demonstrated that a change in the definition of bulimia can reduce or increase its rate of diagnosis although the

symptoms persist at the same rate.

Figure 1 illustrates the inclusion of bulimia in a variety of diagnostic definitions. The definitions and their original sources appear in Appendix A and will aid the reader when viewing Figure 1.

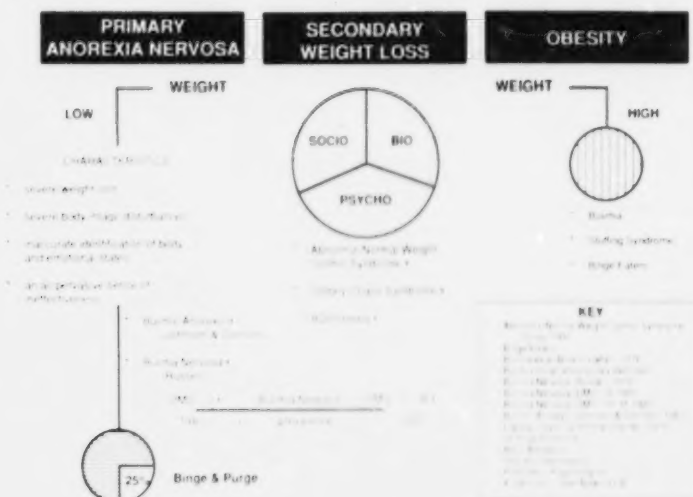


Figure 1. A perspective of bulimia

SYMPTOMS

Today, bulimia is generally seen as a multifaceted disorder that includes maladaptive behavioral patterns, psychopathology, and dysfunctional family and interpersonal patterns. The following is a list of the symptoms of characteristics of the bulimic patient that have been compiled from the literature. It is presented as an aid to counselors and mental health professionals in assessing and diagnosing eating disordered clients.

BEHAVIORAL CHARACTERISTICS

- * use of laxative or diuretics
- * strict dieting or fasting
- * avoidance of sweets and carbohydrates except during binges
- * binge eating
- * self induced vomiting
- * vigorous exercise

- * increased sexual activity and interest as compared to anorexics

- * numerous attempts to diet

PHYSICAL CHARACTERISTICS

- * majority within normal weight range
- * 90% are females
- * nutritional deficiencies
- * electrolyte imbalances (leads to cardiac arrest, tiredness, and depression)
- * menstrual irregularity
- * many have acute medical complications
- * 86% between age 15-30
- * dental cavities
- * irritation and ulcerations of esophagus
- * edema

PERSONALITY CHARACTERISTICS

- * feels ineffective
- * high expectations
- * distrusting of others
- * high levels of pathology on MMPI
- * exaggerated guilt
- * poor differentiation of sex role
- * self rejecting
- * characterological problems
- * dichotomous thinking (all good or all bad)
- * egocentric (everyone evaluates them)
- * social isolation
- * low self-esteem
- * high self-criticalness
- * self hating
- * dissatisfaction with body size
- * chronic depression
- * poor identification of internal state
- * poor impulse control
- * low frustration tolerance
- * food has control over them
- * poor life adjustment
- * borderline personality

INTERPERSONAL AND FAMILY CHARACTERISTICS

- * impaired social relations and daily activities
- * parents high levels of neurotic maladjustment, obesity, and physical illness
- * family expresses little support
- * family experiences a lot of conflict
- * family encourages dependency
- * family disengaged and hostile
- * family does not openly express feelings

TREATMENT

The treatment for disordered eating behaviors is varied. However, the consensus of opinion is that a comprehensive multidimensional approach or program is desired. This is not to say that a single approach or a small, narrowly focused program is ineffective. On the contrary, if the problem is assessed and diagnosed as unidimensional and specific in a given area, a single or noncomprehensive program may be ideal. Treatment strategies and programs vary in size and scope. To illustrate program modality variance, a few examples are provided.

Counselors, according to Etringer, Altmaier, and Bowers (1989), need to be aware of the cognitive functioning of bulimic women. They reported that "present data appear to indicate robust differences in the cognitive functioning of bulimic and non-bulimic women" (p. 219). These investigators suggest that counselors may find that engaging their clients to work directly with problem-solving skills, expectations for success, and attributional styles may be extremely effective counseling adjuncts for bulimic women.

A treatment program for a nonsevere eating disorder population has been developed by Heretick (1986). Prior to program entrance and with guidance, the potential client makes the necessary arrangements for an independent medical examination and a medical history to be forwarded to the program coordinator. After assessment and evaluation, a decision is made to accept the client in the program or refer to other treatment sources for assistance. If accepted, the client is provided options to engage in individual, family, or limited group therapy—or become involved at all. In addition, the client is encouraged to participate in one or two day program retreats.

A residential facility for the exclusive treatment of anorexia nervosa and bulimia was opened in 1985 on 27 secluded acres outside a large metropolitan area (Levitz, 1989). Individualized comprehensive treatment programs are tailored specifically for each resident. The facility employs more than 50 specialized clinicians who implement the resident's individualized seven to nine week treatment program.

Outcome and follow-up research support the validity of a program for the treatment of bulimic women that was founded by Wooley and Lewis (1989). The program utilizes the interlocking benefits of individual, family, group, and body image therapy. The four week residential out-patient program accepts women from

all parts of the country. Groups of eight clients simultaneously begin the program. The clients reside in apartments in a nearby hotel where they are responsible for their own food preparation. The clients attend the program's clinic six to eight hours each weekday for therapy. The basic components of the treatment program are food group, educational seminars, psychotherapy group, body image group, individual therapy, and multifamily group.

Two comprehensive treatment approaches of disordered eating behaviors have appeared in the literature (Garner & Garfinkel, 1985; Johnson & Connors, 1987). These approaches emphasize the impact that biological, psychological, and sociological factors have had in the development of eating disorders. Both programs have rigorous assessment and diagnostic phases and include individual therapy, group therapy, marital therapy, family therapy, nutrition education, psychopharmacology, and medical evaluation and treatment as major rehabilitation components.

The treatment of eating disorders is complex and diverse. However, there are major treatment areas and components, as depicted in Figure 2, of which counselors and mental health professionals need to be extremely cognizant. These areas and components are critical and their import needs to be explored and evaluated during the initial phases of treatment.

ISSUES

Should Community Mental Health Centers (CMHCs) or private counseling centers treat clients or students with bulimia? If so, what are the minimum staff resources, knowledge, and training that are needed? What specialized facilities may be necessary? Can CMHCs and counseling centers justify the length and cost of treatment? If multimodal therapy is the most effective, how are the different disciplines and team members interfaced with each other? Should families be expected to participate in treatment, especially since some may need to travel long distances? How are issues of confidentiality handled when other treatment disciplines must be consulted or families informed because of reimbursement policies? What do centers do when the bulimia significantly interferes with the client's daily functioning or living arrangements? Finally, what happens when the client and/or area lacks the resources and professional expertise for treatment? These are some of the questions which need to be thoughtfully addressed



Figure 2. Treatment considerations.

when counselors and mental health professionals consider whether they should or should not provide treatment for bulimia.

Because of the complexity of both the symptom pattern and the psychological problems of the bulimic individual, CMHCs and counseling centers need to employ professionals with advanced diagnostic skills who can assist in the assessment and diagnostic phases of treatment. Earlier sections of this paper point to the muddled and often confusing criteria for the diagnosis of bulimia. At the very least, the counselor needs to be aware of the behavioral patterns, personality configurations, and family dynamics that typify the bulimic. This awareness may require specialized skill development in addition to the advanced training or a profession such as social work, psychology, psychiatry, or counseling. The need for sophistication demands that counseling professionals identify the training or the specialized skills required before embarking on treatment.

If CMHC and counseling center professionals make the decision to provide treatment for bulimics, what type of treatment will be offered? Most standard treatment programs include professionals who possess mental health, medicine, and nutrition credentials.

Do CMHCs and private counseling centers have these professionals readily available to provide treatment? If so, are the available professionals trained to meet the special needs of this population? And, if resources are scattered throughout the community, who would be responsible for coordinating the treatment services? Traditionally, CMHCs and private counseling centers are separate from large health care facilities such as hospitals, where medical and psychiatric personnel are housed. Also, if nutritionists need to be consulted, they may be employed in yet another part of town. In general, nutritionists have little or no contact with CMHCs and private counseling centers. It is probably the unusual CMHC or private counseling center that has the necessary space and facilities available to bring all the professionals together in a cooperative effort to implement a comprehensive treatment program for bulimics.

When all the ingredients for an effective treatment program can not be assembled, referral to other helping professions may be necessary. All sources of assistance require some type of reimbursement, which means the bulimic individual may have to inform an employer or family members of his/her problem. The client often seeks help only because of the assurance of confidentiality. If the client needs to be referred, who informs the employer, family, or teachers if the client refuses to do so? If the client refuses to inform significant others, and there are obvious health dangers, are counselors justified in breaking confidentiality?

Most CMHCs and private counseling centers use short-term treatment modalities as their primary service. However, research indicates that treatment for bulimia is long-term sometimes lasting for months or years. Are CMHCs and counseling centers prepared to commit their staff to long-term treatment? The cost in center staff time plus the expense generated by multi-disciplinary involvement certainly must be considered when deciding to treat bulimia, especially when third-party reimbursement is limited.

Logistical problems can also arise when a multi-disciplinary team approach is involved in treatment. Problems could include: scattered treatment sites; coordination of services; monitoring of services; schedule conflicts for both client and treatment team members; client dissatisfaction and confusion; employment or school disruption; and coordination of follow-up services.

Lastly, another consideration is the role of a CMHC or private counseling center vis a vis other community agencies or departments. If the bulimic behavior is disruptive in living

situations and the client is directed to seek treatment by authority figures, should the counseling center force treatment on this client? Would this undermine treatment from the beginning? What if the bulimia significantly interferes with the client's employment or schooling? Should the counseling center approve or be involved in the sanction of hospitalization? Should counselors encourage clients to continue employment or remain in school when they are experiencing difficulty? What should the role of the counselor be in explaining the client's situation to employers and teachers who question the legitimacy of the client's problem?

Ethical standards and guidelines (*American Association for Counseling and Development*, 1988) must be adhered to when answering questions and addressing issues related to a bulimia treatment program. Maintaining confidentiality is a must, even when treatment is provided by different agencies at different sites. Obtaining proper consent forms for the releases of information may be cumbersome and time consuming but is essential because it allows the client to decide to whom information will be disclosed. But, what happens when the bulimic behavior becomes life threatening? Should the counselor institute action to prevent harm without the client's consent?

The counselor needs to be aware of his/her responsibility of the duty to protect the client from serious harm and danger. Therefore, the counselor must plan what course of action will be taken in these extreme cases. Ethical standards and guidelines are inherent in the counseling profession and are vital considerations in all decisions that are made.

In summary, the CMHC and counseling center professionals need to thoughtfully address these issues before implementing a bulimia treatment program. Otherwise, the professional staff may find themselves unprepared to provide adequate services or to make appropriate referrals.

CONCLUSION

In the first section of this paper the word bulimia was scrutinized and its relationship to the eating disorder phenomenon was examined. The second section listed symptomatic areas of the disorder. Some treatment modalities were presented in the third section and issues relevant for counselors and mental health professionals followed in the fourth section.

Because eating disorders are extremely complex, counselors and



mental health professionals need to be well informed regarding the phenomenon. Being well informed will allow the professional to identify and resolve the issues as they arise during assessment and treatment.

APPENDIX A

Definitions

The following descriptive definitions related to the eating phenomenon bulimia have been adapted from the listed sources.

Primary Anorexia Nervosa (Bruch, 1985)

- severe weight loss
- severe body image disturbances
- inaccurate identification of body and emotional states
- an all-pervasive sense of ineffectiveness

Bulimarexia (Boskin-Lodahl, 1976)

Identified the symptoms of bulimia among a predominantly normal weight population of over one hundred adult college women who responded to an advertisement in a campus newspaper. The advertisement was for women who are caught in a cycle of gorging on food and then purging by habitual forced vomiting, severe fasting, or laxative or amphetamine abuse.

Boskin-Lodahl noted:

- most respondents were of normal weight
- attitudinally, they were very similar to anorexic patients:
 - they felt helpless
 - they had distorted body images
 - they were extremely fearful of being fat

However, respondents did not appear to be as psychologically disturbed as anorexia nervosa patients.

Unlike anorexics:

- they were able to continue demanding university work
- they did not require hospitalization
- they were insightful enough to seek treatment about their eating problems

Bulimia Nervosa (Russell, 1979)

- patients suffer from powerful and intractable urges to overeat
- they seek to avoid the fattening effects of food by inducing

- vomiting or abusing purgatives or both
- they have a morbid fear of becoming fat

Bulimia Nervosa (DMS-III, 1980)

- recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time, usually less than two hours)
- at least three of the following:
 - consumption of high-caloric, easily ingested food during a binge
 - inconspicuous eating during a binge
 - termination of such eating episodes by abdominal pain, sleep, social interruption, or self-induced vomiting
 - repeated attempts to loose weight by severely restrictive diets, self-induced vomiting, or use of cathartics or diuretics
 - frequent weight fluctuations greater than ten pounds due to alternating binges and fasts
 - awareness that the eating pattern is abnormal and fear of not being able to stop eating voluntarily
 - depressed mood and self-depreciating thoughts following eating disorders
 - the bulimic episodes are not due to Anorexia Nervosa or any known physical disorder

Dietary Chaos Syndrome (Palmer, 1979)

Predominantly normal weight individuals who exhibit symptoms of bulimia.

Descriptive report (Pyle, Mitchell (Eckert, 1981)

A clinical population of thirty-four patients who were without previous histories of anorexia nervosa and were reported to be experiencing significant psychological distress as a result of bulimia.

Descriptive reports (Fairburn & Cooper, 1982) (Johnson, Stuckey, Lewis, & Schwartz, 1982)

Separate reports which used large mail samples from readers of popular women's magazines. The studies provided the first data-base that bulimic behavior was highly prevalent among adolescent and young adult women.

Abnormal Normal Weight Control (Crisp, 1981)

Predominantly normal weight individuals who exhibit symptoms of bulimia.

Bulimic Anorexia (Johnson & Connors, 1987)

- a greater frequency of higher premorbid body weights
- significant affective instability resulting in various impulse dominated behaviors
- a tendency toward more severe life impairment resulting in less improvement over time

Bulimia Nervosa (DMS-III-R, 1987)

- Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time)
- A feeling of lack of control over eating behavior during the eating binges
- The person regularly engages in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain
- A minimum average of two binge eating episodes a week for at least three months
- Persistent overconcern with body shape and weight

REFERENCES

- A *Comprehensive Dictionary of Psychological and Psychoanalytical Terms* (1958). New York: David McKay Company, Inc.
- Agras, W. S. (1987). *Eating disorders: Management of obesity, bulimia, and anorexia nervosa*. New York: Pergamon Press.
- American Association for Counseling and Development (1988). *Ethical standards*. Alexandria, VA: Author.
- American Psychiatric Association (1980). *Diagnostic and statistical manual of mental disorders* (Third Edition). (DSM-III). Washington, D.C.: Author.
- American Psychiatric Association (1987). *Diagnostic and statistical manual of mental disorders* (Third Edition, Revised) (DSM-III-R). Washington, D.C.: Author.
- Boskins-Lodahl, M. (1976). "Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia." *Signs: Journal of Women in Culture and Society*, 2, 342-356.



- Bruch, H. (1985). "Four decades of eating disorders." In D. M. Garner & P. E. Garfinkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia*. (pp. 7-18). New York: The Guilford Press.
- Calhoun, J. F. (1977). *Abnormal psychology: Current perspectives*. (2nd Ed.). New York: Random House, Inc.
- Crisp, A. H. (1981). "Anorexia nervosa at a normal weight: The abnormal-normal weight control syndrome." *International Journal of Psychiatry in Medicine*, 11, 203-233.
- Etringer, B. D., Altmaier, E. M., & Bowers, W. (1989). "An investigation into the cognitive functioning of bulimic women." *Journal of Counseling and Development*, 6 (68), 216-219.
- Fairburn, C. G., & Cooper, P. J. (1982). "Self-induced vomiting and bulimia nervosa: An undetected problem." *British Medical Journal*, 284, 1153-1155.
- Garner, D. M., & Garfinkel, R. E. (Eds.) (1985). *Handbook of psychotherapy for anorexia nervosa and bulimia*. New York: The Guilford Press.
- Heretick, D. M. L. (1986). *Coming home to your body: A program for compulsive eating disorders*. (Brochure). Toledo, Ohio: Author.
- Hill, L. (1989). "Bulimia nervosa: Changes in its prevalence on campus." *Journal of NAWDAC (National Association for Women, Deans, Administrators and Counselors)*, 1 (52), 19-26.
- Johnson, C., & Connors, M. (1987). *The etiology and treatment of bulimia nervosa*. New York: Basic Books, Inc.
- Johnson, C., Stuckey, M., Lewis, L., & Schwartz, D. (1982). "Bulimia: A descriptive survey of 316 cases." *International Journal of Eating Disorders*, 11, 1-16.
- LeBow, M. D. (1989). *Adult obesity therapy*. New York: Pergamon Press.
- Levitz, L. S. (1989). *The Renfrew Center: A residential facility for the treatment of anorexia nervosa and bulimia*. (Booklet). Philadelphia, PA: Author.
- Palmer, R. L. (1979). "The dietary chaos syndrome: A useful new term." *The British Journal of Medical Psychology*, 52, 187-190.
- Pyle, R. L., Mitchell, J. E., & Eckert, E. D. (1981). "Bulimia: A report of 34 cases." *Journal of Clinical Psychiatry*, 42, 60-64.
- Russell, G. F. M. (1979). "Bulimia nervosa: An ominous variant of anorexia nervosa." *Psychological Medicine*, 9, 429-448.
- The American Heritage Dictionary, Second College Edition*. (1982). Boston: Houghton Mifflin Company.
- Webster's New Collegiate Dictionary*. (1975). Springfield, MA: G. & C. Merriam Company.

- Webster's Ninth New Collegiate Dictionary. (1985). Springfield, MA: Merriam-Webster.
- Weiss, L., Katzman, M., & Walchik, S. (1985). *Treating bulimia*. New York: Pergamon Press.
- Whitaker, L. C. (1989). "Myths and heroes: Visions of the future." *Journal of College Student Psychotherapy*, 4 (2), 13-33.
- Wooley, S. C., & Lewis, R. G. (1989). "The missing woman: Intensive family-oriented treatment of bulimia." *Journal of Feminist Family Therapy*, 1 (1), 61-83.
- Zimpfer, D. G. (1990). "Group work for bulimia: A review of outcomes." *The Journal of Specialist in Group Work*, 15 (4), 239-251.

ENCOURAGE COLLEAGUES TO JOIN IACD

Membership information may be obtained from:

TWYMAN JONES

Illinois Association for
Counseling and Development

P.O. Box 955

Normal, Illinois 61761-0955

Illinois Association For Counseling And Development
Quarterly
GUIDELINES FOR CONTRIBUTORS

IACD's *Quarterly* invites contributions that are of interest to counselors at all levels in Illinois.

Please use the following guidelines.

1. Send four copies of all materials. Generally, manuscripts should not exceed 3,500 words (approximately 15 pages typewritten and double spaced).
2. Article titles are not to exceed 50 letters and spaces.
3. Be sure to include an abstract (150 words maximum) of manuscripts and lengthy material. The abstract should be a brief, informative summary.
4. Materials are to be well-organized and concise so that the development of ideas is logical. Avoid dull, stereotyped writing and aim to communicate ideas interestingly and clearly.
5. Avoid Footnotes.
6. Double-space all materials, including references.
7. Author's names with position, title, and place of employment are to appear only on the cover page.
8. All aspects of manuscript preparation (references, tables, margins, abstracts, etc.) are to follow the style described in the *Publication Manual Of The American Psychological Association* (3rd Ed.). The manual may be purchased from APA (1200 17th Street, Washington, DC 20036).
9. Never submit material that is under consideration by another periodical.
10. Avoid the use of generic masculine pronoun and sexist and racist terminology.
11. Ethical principles are to be followed in work with humans and animals.
12. **Submit Materials To:**

M. Illovsy, Ph.D.
IACD Quarterly
Counseling Center/Memorial Hall
Western Illinois University
Macomb, IL 61455

Usually, manuscripts are reviewed by three editorial Board members. These are blind reviews, which means the reviewers and authors are not identified to each other. Allow three months for manuscripts to be returned after being submitted.

Manuscripts are reviewed and evaluated by the *Quarterly* Editorial Board Members. The author is responsible for the proofing of the original and revised manuscripts.

IACD OFFICERS

PRESIDENT

Twyman Jones
Normal

PAST PRESIDENT

Bea Wehrly
Macomb

SECRETARY

Robin Smith
La Grange Park

TREASURER

Edward Hamann
Peoria

PRESIDENT ELECT

Dean Van Diver
Springfield

ADMINISTRATIVE COORDINATOR

Don Moler
Charleston

PARLIAMENTARIAN

Lori Russell
Peoria

EXECUTIVE BOARD

George Altha McCoy
Lombard (1993)

J. D. Hawkins
Normal (1992)

Robert Watters
Rock Island (1992)

Bob Cheffer
Elmhurst (1991)

Marilyn Penland
Aurora (1991)

IACD DIVISIONS

IAMCD

Gwendolyn Greenwood
Chicago

IAMECD

Rick Myer
DeKalb

ICDA

Richard Longfellow
Dixon

ICPA

Robert Abene
Northbrook

IMHCA

Philip Fleming
Canton

ISCA

Steve McClure
Manito

ICES

Dale Septeowski
Lombard



department of educational
psychology and guidance

Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

This document has been reproduced as
received from the person or organization
originating it.

Minor changes have been made to improve
reproduction quality.

- Further review of this material is not
warranted. It may, however, represent official
policy of the U.S. Department of Education.

Part I of II

Contents:

- **Illinois Survey of
Procedures Used to Identify
Learning Disabilities in Adults**
- **Diagnosing the Adult
with Learning Disabilities**
- **An Instructional Model
for Use by Counselors:
Promoting Independence in
Post-Secondary Students with
Learning Disabilities**

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY



THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

Number 123
Fall, 1991

EDITORIAL BOARD



FALL 1991

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, Ed.D.
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Deborah Gough, Ph.D. (1991)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR

M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR

Joan Green
Western Illinois University
Macomb

ASSISTANT EDITOR

Margaret Frohne

MANAGING EDITOR

Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Twyman Jones, P.O. Box 955, Normal, IL 61761-0955.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Table of Contents

Foreword 2

**Illinois Survey of Procedures
Used to Identify
Learning Disabilities in Adults**

Shirley A. Terris
Mary Pat Kane Reilly 4

**Diagnosing the Adult
with Learning Disabilities**

Barbara Cordoni 23

**An Instructional Model for Use
by Counselors: Promoting Independence
in Post-Secondary Studies
with Learning Disabilities**

Janis Bulgren
Frank Kline 33

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Contents of this journal are copyrighted.

No. 123 IACD Quarterly Page 1

Foreword

Shirley Terris

This is the first of two special issues on adults with learning disabilities. The papers included in this issue deal with the diagnosis of learning disabilities in adults and counseling techniques for use with LD clients.

In the first article, Terris and Reilly summarize the results of a survey, conducted in Illinois, of diagnostic procedures used in assessing adults for possible learning disabilities. The article addresses current testing practices including test instruments, characteristics of the diagnostic team, and adherence to LD definitional criteria. Results suggest evaluation facilities in Illinois rely on a variety of test instruments as well as other factors when making an LD identification.

In the second article, Barbara Cordoni provides a discussion of critical issues in the diagnostic process. Dr. Cordoni discusses the importance of the role of the diagnostician in determining how an individual learns, in addition to what the individual knows. In this regard, she emphasizes the need for the diagnostician to interpret test performance in terms of possible underlying processing deficits. Her article includes discussion of problems in the interpretation of various achievement tests, and in particular, the hazards of comparing standard grade level and age level scores without performing error and task analyses. Dr. Cordoni stresses the necessity of evaluating deficient ability areas with several tests in order to allow the diagnostician to analyze performance across tasks and to reveal the nature of any underlying processing problems. Dr. Cordoni's fourteen years of experience in adult LD diagnosis make her an expert in the field. Her suggestions for the practitioner are extremely valuable.

In the last article, Janis Bulgren and Frank Kline discuss techniques which can be used by counselors and social workers to promote independence in adults with learning disabilities. The development of independence is especially critical during that time period when the young adult leaves the educational setting and enters the workplace full-time. Drs. Bulgren and Kline first describe the characteristics and needs of this population, and

Shirley Terris, Ph.D. is with the College of Lake County, IL

then present an intervention model which has been successful with secondary LD students. Finally, they present a specific strategy that can be used to monitor and evaluate an individual's improvement. The intervention model and strategy presented by Drs. Bulgren and Kline was developed at the University of Kansas Institute for Research in Learning Disabilities, which has long been at the forefront of research on intervention strategies for LD adolescents and young adults.

Readers may look forward to articles in Part II which describe the various types of support services available at four year and two year colleges, educational and employment issues along with legal mandates, job accommodations for youths with mild disabilities, and finally an article dealing with learning disabilities and the mental health system. We are excited about these special issues, and wish to thank the contributors for an excellent job.

***Encourage your
colleagues to
join IACD!***

Illinois Survey of Procedures Used to Identify Learning Disabilities in Adults

Shirley A. Terris
and
Mary Pat Kane Reilly

The results of a survey of facilities in Illinois that evaluate adults for learning disabilities are reported. A sample of eighteen adult assessment facilities completed a four-page questionnaire on diagnostic personnel, measures and procedures. Definitional criteria for the identification of a learning disability were briefly reviewed and the facilities' responses were evaluated in terms of recommended criteria. A strong consensus was found among respondents in both the areas generally assessed and the measures generally used when evaluating an adult's cognitive strengths and weaknesses. In contrast, the diagnostic personnel and the procedures used to exclude any confounding handicapping conditions and identify an ability-achievement discrepancy varied at the responding facilities. The results indicate that the diagnostic procedures currently in use in Illinois may be more appropriate for designing remediation than documenting adequately a learning disability.

Increasingly, professionals in assessment and counseling are faced with adults requesting evaluations for learning disabilities. There are many reasons why an adult might seek a learning disabilities evaluation. Some may be well-functioning independent adults interested only in confirming or disconfirming a suspicion about a learning problem. Others may be referred by therapists or vocational counselors who suspect a learning disability. Still others may have been previously diagnosed as learning disabled but are in need of a currently valid differential diagnosis to be eligible for certain types of programs, e.g. vocational rehabilitation

Shirley A. Terris, Ph.D. is with the College of Lake County, IL. Mary Pat Kane Reilly, MA, is a Learning Disability Specialist at the Learn Center, Katherine Wright Clinic, Illinois Masonic Medical Center, Chicago

services or accommodations in higher education. Whatever the reason, it appears that the number of adults requesting learning disabilities evaluations is on the rise.

While the problems associated with learning disabilities (LD) in adults, as well as children, have been recognized and studied since the early 1900s, the field has experienced dramatic growth over the last 15 years. The number of elementary and secondary students identified as LD has nearly doubled since 1975 when President Ford signed the Education for Handicapped Children Act (P.L. 94-142) into law. The Eleventh Annual Report to Congress (1990) stated that during 1987-88, 47% of all the children receiving special education services in the U.S. were LD students, as compared with 22% during 1976-77. In Illinois alone, 93,799 elementary and secondary LD students were served during 1987-88. The number of students with learning disabilities enrolled in colleges nationwide has also increased dramatically, at least tenfold since 1978 (McGuire, Norlander and Shaw, 1990).

Unfortunately, when these students leave school they do not leave their learning disabilities behind. Studies of the adult outcomes of LD students indicate that, even with appropriate intervention, many of these individuals continue to exhibit difficulties that impair their performance in postsecondary education, at work and in independent living (Cordoni, this issue; Bulgren and Kline, this issue; Johnson and Blalock, 1987). The Learning Disabilities Association of America (LDA) in its Eligibility Position Paper (1990) affirms the chronic nature of LD in stating that, "The Specific Learning Disabilities condition is lifelong and pervasive in nature, and can selectively interfere not only with learning in school settings, but also with the attainment or maintenance of acceptable social skills, appropriate work, good family relationships, and even the activities of daily living" (page 2a). It appears that many LD adults have a continuing need for counseling and support services in order to maximize their educational, vocational and interpersonal functioning.

Conceptually, the diagnosis of LD in adults does not differ from diagnosis in children. Thus, the procedures used with adults have closely followed those used in the schools. State agencies, in compliance with the mandate of P.L. 94-142, have determined the criteria that must be met in order for the schools to categorize students as LD. A specific learning disability was defined in P.L. 94-142 as

"... a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (Federal Register, August 23, 1977a, p. 42476)."

The rules and regulations for P.L. 94-142 include a set of procedures to be used to evaluate children with LD based on the federal definition. Basically, two conditions must be met to identify a child as LD. The diagnosis of LD may be made if: a) despite appropriate learning experiences, the child has a severe discrepancy between achievement and intellectual ability in one or more of the following seven areas:

- 1) oral expression
- 2) listening comprehension
- 3) written expression
- 4) basic reading skill
- 5) reading comprehension
- 6) mathematics calculation
- 7) mathematics reasoning

and b) the discrepancy is not primarily the result of other handicapping condition(s) (e.g. mental retardation or emotional disturbance). Thus, the procedures used to diagnose a LD would be expected to include, at minimum, measures of intellectual ability and current achievement levels, a procedure for determining the severity of the ability-achievement discrepancy and measures/procedures that can be used to insure that the learning problem is not the result of some other handicapping condition.

While the federal regulations do not require that a specific cognitive processing deficit (e.g. visual or memory deficits) be identified, many LD professionals feel that a processing deficit should also be documented (Johnson and Myklebust, 1967; Lerner, 1981). The *Criteria for Determining the Existence of a Specific Learning Disability*, published by the Illinois State Board of Education

(ISBE, 1990), recommends that a processing deficit be documented. The ISBE report recommends that the following four criteria be met before a student is identified as LD:

- 1) The possibility that some other handicapping condition(s) is the primary cause of the learning problem should be ruled out.

- 2) The student's intellectual potential should be at least average, with the lower limit of the average range defined as "... an IQ score one standard deviation below the mean [e.g. 85 on the WISC-R], minus 1.65 standard errors of measurement" (ISBE, 1990).

- 3) A specific processing deficit should be documented.

- 4) A severe discrepancy between intellectual potential and achievement should be documented. (See ISBE, 1990, for definitions of terms as well as recommended procedures for documenting how criteria are met.)

According to the LDA (1990), the optimal adult diagnostic evaluation would also include a comprehensive case study, hearing and vision testing, measures of perceptual-motor, social and other nonverbal skills, assessment of cognitive processes and identification of specific strengths and weaknesses. Furthermore, both the ISBE and the LDA recommend that a multidisciplinary team of assessment professionals be responsible for the diagnosis, rather than a single individual.

Given the continued and increasing need to identify adults with learning disabilities, this survey was conducted to examine the current state of the art in the field of adult assessment in Illinois. Clinicians, counselors and diagnosticians have indicated a need to know what and how test instruments are being used, as well as the specific processing and achievement areas being assessed. The purpose of the survey was threefold: 1) to characterize the professionals conducting LD evaluations; 2) to identify the areas (processing and achievement) most frequently assessed as well as the test instruments used to assess those areas; and 3) to identify the procedures used to meet definitional criteria for a diagnosis of LD.

METHOD

The mailing list for the survey was compiled in the following manner. Facilities were selected on the basis of their inclusion in directories of LD service providers in Illinois (Academic Therapy Publications, 1989; Foundation for Children with

Learning Disabilities, 1985). Facilities were contacted by phone if there was doubt as to whether or not they evaluated adults. Following this procedure, a total of thirty-one questionnaires were mailed to contact persons at the separate facilities. The questionnaires were accompanied by a brief cover letter explaining the survey and questionnaire, as well as a return envelope. Four types of facilities were surveyed: colleges/universities, hospitals/medical centers, private practitioners/independent clinics, and rehabilitation centers. From the initial mailing of thirty-one questionnaires, fourteen were returned within three weeks. A second mailing resulted in four additional questionnaires being returned. From the initial list, one facility reported that they did not assess adults, resulting in a total sample of eighteen out of the original thirty-one. While this is a small nonrandom sample, and therefore limits generalizations on a national level, it is felt that the 58% return was a high yield of response, and should provide good generalization within Illinois.

The items included on the questionnaire were designed to allow examination of diagnostic procedures, personnel and materials. The questionnaire was divided into two parts, as shown in Tables 1, 2, and 3. Part I included eight questions on diagnostic procedures and personnel, each accompanied by several response options (see Table 1). Also included in Part I was a checklist of various processing and achievement areas that might be included in an LD evaluation (see Table 2). Forty-six ability areas were listed on the questionnaire. Clearly, those forty-six areas do not comprise a complete listing of all the areas that could be assessed; the list was compiled by the authors as a generally inclusive collection of process and achievement areas. Respondents were asked to indicate whether each of the areas listed was always, never, or sometimes tested (see Table 2). One of the eighteen facilities included in the sample did not complete this section of the questionnaire. Thus, the results reported in the section on areas assessed represent the responses of the seventeen facilities that completed this section of the questionnaire.

Part II of the questionnaire was composed of a list of 59 tests commonly used to assess learning disabilities (see Table 3). Again, the 59 tests listed do not comprise a complete listing of all available tests; the list was compiled by the authors as a generally inclusive collection of tests used in LD evaluations. Also, the various versions of each test that might be in use were not all listed. Thus,

Table 1
SURVEY OF DIAGNOSTIC PROCEDURES TO IDENTIFY L.D. ADULTS
 Percentages of respondents that chose each of the response options.

PART I. DIAGNOSTIC PROCEDURES

A. Do you include a case history in your evaluation?	Yes 94 No 6
If yes, does the form include the following?	
Previous medical history	Yes 94 No 0 (NR 6)
Information on primary and secondary language	Yes 89 No 11
Family history of learning problems	Yes 83 No 17
History of psychological-emotional problems	Yes 89 No 11
B. What do you use to determine intellectual potential?	
Nationally standardized individually administered test of intelligence	Yes 94 No 6
Nationally standardized group IQ test	Yes 6 No 89 (NR 6)
Observation	Yes 50 No 50
Informal testing	Yes 28 No 72
Other: _____	
C. Do you ever include an EEG in your evaluation?	Yes 17 No 83
Do you ever include neuropsychological measures?	Yes 56 No 44
please specify: _____	
D. What do you use to measure ability-achievement discrepancy:	
Grade level discrepancy	Yes 28 No 72
please specify: _____	
15 point discrepancy on IQ test	Yes 39 No 61
Computer program	Yes 6 No 94
please specify: _____	
Discrepancy formula	Yes 28 No 72
Discrepancy formula with regression factor	Yes 0 No 100
Other: _____	
E. What is the educational level of your examiner(s)?	
61 Psychologist, Ph.D.	39 L.D. Specialist, Ph.D.
22 School Psychologist	50 L.D. Specialist, M.A.
17 Psychologist, M.A.	
11 Other; please specify: _____	
F. Who is included on your diagnostic team?	
67 L.D. Specialist	22 Speech/Language
78 Psychologist	Pathologist
11 Social Worker	22 Spouse
28 Parent(s)	
22 Other; please specify: _____	
G. Does your evaluation include specific recommendations for:	
Educational goals	Yes 78 No 22
Vocational training	Yes 67 No 33
Remediation of processing deficits	Yes 78 No 22
Remediation of basic skills deficits	Yes 83 No 17
Improving social or emotional deficits	Yes 78 No 22
H. Do you provide remediation services to adults?	Yes 61 No 39

Note. Abbreviated: NR = No Response.

Table 2
PROCESSING AND ACHIEVEMENT AREAS ASSESSED

Percentages of the 17 facilities completing the checklist that identified the area listed as either (A) always tested (N) never tested or (S) sometimes tested.

	A	N	S	NR
Acuity: auditory	18	23	47	12
visual	18	35	35	12
Attention: selective	76	0	18	6
maintenance	70	6	18	6
Perception: auditory	82	0	18	0
visual	82	0	18	0
haptic	35	18	41	6
Spatial relations	88	0	12	0
Intersensory: integration	71	0	23	6
Memory: short-term	94	0	6	0
long-term	82	0	18	0
auditory	94	0	6	0
visual	88	0	12	0
Conceptualization: classification	65	0	29	6
concept formation	82	0	18	0
reasoning	88	0	12	0
problem solving	82	0	18	0
Organization: verbal	71	0	29	0
spatial	65	0	29	6
Motor: planning	65	6	29	0
speed	76	6	18	0
Auditory motor integration	41	18	29	12
Visual motor integration	88	0	12	0
Reading: oral	53	6	41	0
silent	76	6	18	0
word recognition	82	6	12	0
phonics	65	6	29	0
comprehension	76	6	18	0
Spelling: recognition	59	12	29	0
recall	76	6	12	6
phonetic	53	17	24	6
dysphonetic	35	17	24	24
Written language: sentences	65	12	23	0
paragraphs	47	18	35	0
proofreading	41	18	41	0
handwriting	65	6	29	0
Oral language: syntax	53	12	35	0
semantics	65	12	23	0
Mathematics: facts	59	0	41	0
computation	88	0	12	0
reasoning	71	0	29	0
application	59	6	29	6
Social perception	41	12	47	0
Self monitoring	47	18	35	0
Automaticity Speed-of-Processing	53	12	29	6

Note. Also abbreviated: NR = No Response.

Table 3
DIAGNOSTIC MEASURE CHECKLIST

Percentages of the 17 facilities completing the checklist that identified each of the measures listed as generally administered either (C) completely, (P) partially or (N) never as part of their adult diagnostic battery. (Note. Also abbreviated. NR = No response.)

C	P	N	NR	
35	12	41	12	Bender Visual Motor Gestalt Test
12	0	71	17	Berry Talbott Language Test
12	6	71	12	Boder Diagnostic Test of Reading and Spelling
6	6	71	17	Brown-Carlson Listening Comprehension Test
0	0	82	18	Buck Time Appreciation Test
0	0	82	18	California Algebra Aptitude Test
0	0	82	18	California Phonics Survey
12	18	53	17	Clinical Evaluation of Language Functions (CELF)
0	0	82	18	Cognitive Abilities Test (CAT)
0	0	82	18	College Qualification Test
0	0	76	24	Concept Mastery Test
12	29	53	6	Detroit Tests of Learning Aptitude 2
24	0	59	17	Developmental Test of Visual Motor Integration (VMI)
6	0	76	18	Essentials of English Test
18	0	71	12	Expressive One Word Picture Vocabulary Test
0	0	82	18	Four Factor Test of Social Intelligence
12	6	70	12	Gates-MacGinitie Reading Tests, Survey F
6	0	76	18	Gilmore Oral Reading Test
0	12	71	17	Goldman-Fristoe Woodcock Auditory Skills Battery
6	6	71	17	Goldman-Fristoe Woodcock Auditory Discrimination Test
6	0	82	12	Goodenough-Harris Drawing Test
29	6	53	12	Gray Oral Reading Test (GORT)
0	0	82	18	Illinois Test of Psycholinguistic Abilities (ITPA)
0	6	76	18	Kaufman Assessment Battery for Children (K-ABC)
0	24	59	17	Kaufman Test of Educational Achievement
18	12	59	12	Keymath Diagnostic Arithmetic Test
0	0	76	24	Leiter International Performance Scales
18	0	59	24	Lindamood Auditory Conceptualization Test (LAC)
6	0	76	18	Money Road Map Test of Direction Sense
6	0	82	12	Memory for Designs Test
29	0	59	12	Motor Free Visual Perception Test
17	0	71	12	Nelson Denny Reading Test
29	29	35	6	Peabody Individual Achievement Test (PIAT)
59	6	24	11	Peabody Picture Vocabulary Test (PPVT)
0	0	82	18	Picture Story Language Test (PSLT)
0	6	76	18	Primary Mental Abilities Tests (PMA)
18	6	59	17	Raven Progressive Matrices
18	6	59	17	Stanford Diagnostic Mathematics Test
24	17	47	12	Stanford Diagnostic Reading Test
0	0	82	18	Stanford Test of Academic Skills (TASK)
6	17	65	12	Test of Adolescent Language (TOAL)
0	0	76	24	Test of Concept Utilization
12	0	71	17	Test of Language Competence
0	6	76	18	Test of Math Abilities
12	0	71	17	Test of Nonverbal Intelligence (TONI)
6	12	76	6	Test of Reading Comprehension (TORC)
24	29	41	6	Test of Written Language (TOWL)
12	6	70	12	Test of Written Spelling (TWS)
29	0	53	18	Token Test
0	0	82	18	Vineland Social Maturity Scale
0	6	82	12	Watson Glaser Critical Thinking Appraisal
82	0	18	0	Wechsler Adult Intelligence Scale (WAIS)
47	0	47	6	Wechsler Memory Scale
24	0	64	12	Wepman Auditory Discrimination Test
12	0	71	17	Wepman Spatial Orientation Memory Test
6	0	76	18	Wepman Visual Discrimination Test
6	0	76	18	Wepman Visual Memory Test
65	18	17	0	Wide Range Achievement Test (WRAT)
41	41	18	0	Woodcock-Johnson Psychoeducational Battery (W-JEB)
0	12	71	17	Woodcock Reading Mastery Tests

it was assumed that, if a test was checked, a recent version of the test was being utilized. Respondents were asked to indicate if each test was generally administered completely, partially, or never. It should be noted that one of the eighteen responding facilities did not complete either of the two checklists. That facility enclosed a narrative response describing the measures and procedures used, i.e., the narrative identified the measures used, but not the specific areas assessed. Thus, as noted above, the data from that facility was not included in the discussion of areas assessed. However, the data from that facility was included in the discussion of test instruments in use; the tests that were identified were included in the test checklist tabulations.

RESULTS AND DISCUSSION

The responses of the eighteen facilities in our sample revealed both similarities and differences in diagnostic procedures among the facilities. A strong consensus was found in the cognitive ability areas tested as well as the test instruments used. Some differences were found in the types of professionals making the diagnoses in the various facilities. The greatest disparity was found in the procedures used to measure ability-achievement discrepancies. Overall, the participants responses answered three general questions: 1) Who is evaluating adults for learning disabilities in Illinois? 2) What areas are they assessing and what test instruments are they using? and 3) How well are they addressing the definitional criteria for LD? Each of these questions will be addressed, in turn, in the following discussion.

Who's Doing the Testing?

The number of professionals involved in conducting LD evaluations at the eighteen adult testing facilities we surveyed ranged from one to five. Over half of the diagnostic teams (55%) included only one or two members, usually a psychologist and/or an LD specialist. Those facilities with three, four and five member teams always include a psychologist. Overall, psychologists were the most common team member, being included by 72% of the respondents. Next came LD specialists, included by 61%, followed by parents (28%), spouses (22%), speech/language pathologists (22%), social workers (11%), teachers (11%), counselors (11%) and

neurologists (6%). Four facilities noted the inclusion of school personnel (i.e. teachers or counselors) on their teams. Three of these four were college/university facilities; the fourth was a private practitioner. It would appear that these facilities primarily evaluate young adults enrolled in post-secondary programs.

The educational level of the examiners at the responding facilities was also surveyed. Of the diagnostic teams that include professionals at the Ph.D. level, it is more likely that it is a psychologist that holds the Ph.D. degree than an LD specialist. Eight of the eighteen facilities (44%) identified only one educational level for their examiners, with six (33%) employing psychologists with the Ph.D. degree only and two (11%) employing LD specialists with the M.A. degree only. Seven facilities (39%) employ examiners at both the M.A. and Ph.D. levels. Overall, 83% (15 out of 18) of the facilities had at least one examiner with a Ph.D. Eight (44%) facilities employ only psychologists as examiners and six (33%) facilities employ only LD specialists as examiners.

Which Areas Are Being Assessed?

Generally, all of the seventeen respondents completing the checklist indicated assessing most of the areas listed. The lowest number of areas assessed, either always or sometimes, by a single facility was 32. Two of the facilities reported assessing all of the 46 areas listed at least sometimes. Table 4 shows the twenty-seven areas most likely to be assessed at the facilities surveyed. In terms of process and achievement areas, it appears that memory, conceptualization and perception skills are the best assessed cognitive processing skills, and that achievement in math and reading is more likely to be assessed than is spelling. (See Table 2 for a complete listing of results.) The areas least likely to be assessed were visual acuity (35% never; 35% sometimes; 18% always; 12% no response) and auditory acuity (23% never; 47% sometimes; 18% always; 12% no response). In light of the LD definitional requirement to exclude visual and hearing impairments as the primary causes of learning problems, the small percentage of facilities who reported always assessing visual and auditory acuity ($n=3$, or 18%, for both) is surprising. However, it may be that many of the facilities do not directly provide hearing and vision testing. In our experience, we have found that some facilities request that clients obtain hearing and vision screenings at

Table 4
TOP TWENTY-SEVEN AREAS ASSESSED
 Areas assessed by at least 90% of the facilities responding.

Area	Always		Sometimes		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Short-term memory	16	94%	1	6%	17	100%
Auditory memory	16	94%	1	6%	17	100%
Visual memory	15	88%	2	12%	17	100%
Spatial relations	15	88%	2	12%	17	100%
Visual motor integration	15	88%	2	12%	17	100%
Reasoning	15	88%	2	12%	17	100%
Math computation	15	88%	2	12%	17	100%
Auditory perception	14	82%	3	18%	17	100%
Visual perception	14	82%	3	18%	17	100%
Long term memory	14	82%	3	18%	17	100%
Concept formation	14	82%	3	18%	17	100%
Problem solving	14	82%	3	18%	17	100%
Math reasoning	12	71%	5	29%	17	100%
Verbal organization	12	71%	5	29%	17	100%
Math facts	10	59%	7	41%	17	100%
Word recognition	14	82%	2	12%	16	94%
Selective attention	13	76%	3	18%	16	94%
Silent reading	13	76%	3	18%	16	94%
Reading comprehension	13	76%	3	18%	16	94%
Motor speed	13	76%	3	18%	16	94%
Intersensory integration	12	71%	4	23%	16	94%
Phonics	11	65%	5	29%	16	94%
Classification	11	65%	5	29%	16	94%
Spatial organization	11	65%	5	29%	16	94%
Motor planning	11	65%	5	29%	16	94%
Handwriting	11	65%	5	29%	16	94%
Oral reading	9	53%	7	41%	16	94%

Table 5
TOP TEN DIAGNOSTIC MEASURES USED

Test	Partial		Complete		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
WAIS-R	0	0	15	83%	15	83%
WRAT-R	3	17%	11	61%	14	78%
W-JPEB-R	7	39%	7	39%	14	78%
PPVT	1	6%	10	55%	11	61%
PIAT-R	5	27.5%	5	27.5%	10	55%
TOWL	5	28%	4	22%	9	50%
BENDER	2	11%	6	33%	8	44%
WMS	0	0	8	44%	8	44%
DTLA 2	5	28%	2	11%	7	39%
STANFORD DIAGNOSTIC READING TEST	4	22%	3	17%	7	39%

Note: See Table 3 for explanation of test title abbreviations.

separate or affiliated facilities, while others rely instead on inferences from perceptual tests.

In summary, with the exception of auditory and visual acuity, all of the areas listed were reported as being assessed, either always or sometimes, by at least 80% of the respondents. Generally, the seventeen facilities completing the checklist appear to include a wide range of processing and achievement areas in their adult LD evaluations. In terms of adherence to definitional criteria, these results appear to indicate that most of the respondents are likely to identify processing strengths and weaknesses as well as achievement levels in their evaluations.

What Tests are Being Used?

Table 5 shows the ten tests most frequently included in the adult diagnostic battery at the eighteen facilities surveyed. As previously noted, the data provided by the one facility that included a narrative identifying the measures used has been included in this discussion. Exactly half (50%) of the eighteen facilities surveyed indicated including all of the three most frequently used measures (WAIS-R, WRAT-R and W-JPEB) in their battery. Evaluating the list in terms of LD definitional criteria, it is evident that measures of intellectual potential, current achievement levels and cognitive processes are all represented. The total number of measures that the respondents identified as generally included in their adult LD diagnostic battery is shown in Table 6 for each of the four types of facilities surveyed. The number shown is the number of measures identified on the checklist as either partially or completely administered (total of 59 measures listed) plus any additional measures that the respondents spontaneously wrote in on the survey form. Over half ($n = 10$, or 55%) of the respondents identified between three and ten measures as generally included in their battery. It should be noted that two of the five facilities that identified five or less measures do not include the WAIS-R in their diagnostic battery, although they both did include the W-JPEB and the PPVT.

The facilities surveyed were specifically asked to identify the type of measure used to determine a client's intellectual potential (See item B, Table 1). A nationally standardized individually administered test of intelligence was the type of measure most frequently used (used by 17, or 94%, of the respondents). Given

Table 6
DIAGNOSTIC BATTERIES

Number of tests on the checklist identified by each facility as included in their adult LD diagnostic battery.

<i>Number of Tests</i>	<i>Type of Facility</i>				<i>Total</i>
	<i>College</i>	<i>Hospital</i>	<i>Private</i>	<i>Rehabilitation</i>	
◀ 3	0	0	0	0	0
3 - 5	3	1	1	0	5
6 - 10	2	0	2	1	5
11 - 15	2	0	0	1	3
16 - 20	1	1	0	0	2
21 - 25	0	0	0	0	0
26 - 30	1	1	1	0	3

the high number of respondents who indicated including the WAIS-R in their diagnostic battery (See Table 5), it appears likely that the WAIS-R is the measure of choice for this sample. However, half ($n=9$) of the respondents indicated using an individual IQ test in conjunction with other measures: 22% ($n=4$) using an individual IQ test with observation; 22% ($n=4$) using an individual IQ test with observation and informal tests; and 6% ($n=1$) using an individual IQ test with observation, informal testing and group IQ test results. Only one facility did not indicate using an individual IQ test; that facility indicated that they used the Woodcock-Johnson Psychoeducational Battery, Tests of Cognitive Ability (Part I) and data from previous evaluations to determine intellectual potential.

The facilities were also asked if EEG's or neuropsychological measures were ever included in their evaluations. Only three (17%) facilities indicated including an EEG, and all three were facilities located in hospitals/medical centers. Ten of the eighteen (56%) respondents reported including neuropsychological measures. Of these, only four specified the measures used; three reported using the Halstead-Reitan and one reported using the Luria-Nebraska.

The variety of tests in use at most of the facilities surveyed appears to indicate a practice of assessing specific abilities with more than one measure, a practice generally recommended in the literature (Cordoni, this issue; ISBE, 1990; LDA, 1990). Overall, the range of processes assessed and tests used indicates an attempt to provide thorough and complete evaluations of client's strengths and weaknesses.

How Are Definitional Criteria Addressed?

Case History

As previously noted, the diagnostic procedures delineated by the Federal definition of LD include, at minimum, that other handicapping conditions be ruled out and that a severe discrepancy between ability and achievement be identified. The completion of a case history can supply information necessary to assist the diagnostician in eliminating other handicapping conditions (e.g., mental retardation or emotional disturbance) that may be the source of a learning problem.

Also, as part of the case history, a complete medical background may provide information on previously existing medical conditions which could influence test results and clinical judgment, e.g. drug use, neuropathology (Fox & Forbing, 1991).

The results of the case history questions (see Table 1) indicated that 94% of the respondents complete a case history and include a previous medical history as part of the evaluation. While only one (6%) of the respondents reported not including a case history, that facility reported including a medical as well as a psychological-emotional history. Overall, 94% of the respondents included previous medical background as part of the case history. Further, 89% of the respondents included information on primary and secondary language. That is, 11% of the case histories failed to address whether or not the primary language of the adult was English. (ISBE, 1990). The identification of primary language is necessary in order to rule out bilingual/bicultural interference. While it may appear that an adult is fluent in English and has no foreign accent, it may very well be that his/her original language structure could be interfering with test performance, as opposed to a learning disability.

Eighty-nine percent (16) of the facilities using a case history, included questions related to psychological and emotional problems, while 11% (2) of the respondents failed to include this information. A person with a past history of psychological and emotional problems may not perform as well on specific tests of achievement and cognitive functioning. Therefore, it would be helpful to the diagnostician if this information was included in the case history.

Finally, 17% (3) of the respondents did not include a question on family history of learning problems. Since research suggests (Olson, Wise, Conner, Rack & Fulker, 1989; DeFries, J.D., &

Decker, S., 1982) that a higher incidence of learning problems occurs in certain families, asking the question could provide useful diagnostic information.

In summary, most of the facilities surveyed did include a fairly complete case history as part of their evaluation. The usefulness of a case history in ruling out confounding sources of learning problems is particularly relevant in the adult population due to the greater likelihood of previously existing conditions in adulthood.

How is Severe Discrepancy Determined?

As discussed earlier, the determination of the existence of a learning disability is dependent on many factors, including whether or not the individual demonstrates a severe discrepancy between achievement and potential. Our survey listed five methods for determining a discrepancy (see Table 1). Respondents were asked to indicate which methods they used to measure a discrepancy. (See special issue [LD Research, 1987] on "Severe Discrepancy" for a complete discussion of pros and cons of using a severe discrepancy model.)

The results indicate that the most frequently used method is the finding of a 15 point discrepancy between Verbal IQ and Performance IQ of the WAIS-R, with 39% (7) of the respondents using this method. While the WAIS-R manual (Wechsler, 1974, p. 36) suggests that a difference of 15 or more points between Verbal and Performance IQ necessitates further investigation, many researchers question the use of the 15 point Verbal-Performance discrepancy in determining the existence of a learning disability (Lutey, 1977; Zimmerman & Woo Sam, 1973).

The next most frequently used methods for measuring the ability-achievement discrepancy were identifying grade level discrepancies (GLD) or using a discrepancy formula, each of which were used by 28% of the respondents. The appropriateness of the GLD method is also debated. In fact, when an arbitrary number is used as the basis for establishing an ability-achievement discrepancy (e.g., 15 point Verbal-Performance, two grade levels, etc.) there is debate as to the appropriateness for each individual case. (See Lerner 1988, pp. 86-91 for a more complete discussion.) For example, at the senior high school level, more than 2.5 years difference between grade level and academic achievement are

recommended by Richek, List & Lerner (1989) in order to determine a severe discrepancy. If one identifies a 2.5 year discrepancy as severe for a high school senior, what discrepancy would be necessary for LD identification at the adult level?

With regard to the discrepancy formula, also used by 28% of the respondents, several formulas are available, (e.g., mental age method, years in school method, or a learning quotient method [see Lerner 1988]). The statistical problems associated with these methods are discussed by Cone & Wilson (1981).

The method least likely to be used was a computer program. Only one respondent (6%) reported using a computer program, but the program was not specified.

Respondents were also given the opportunity to specify methods other than the five listed that they used to determine discrepancy. Two additional methods were identified, both using WAIS-R scores. Two facilities reported using WAIS-R subtest score discrepancies, e.g. greater than three points between subtests, and one facility reported using specific WAIS-R subtest score patterns. Thus, it appears that the facilities in our sample do not limit themselves to any single method of determining discrepancy. Rather, the respondents appear to rely on several methods used in combination with clinical judgment. Finally, it should be noted that five of the eighteen facilities (28%) did not identify any method of determining an ability-achievement discrepancy. As the determination of a discrepancy is an important factor in LD diagnosis, the failure to identify a method may indicate that these facilities do not have a specific preferred method, e.g. reliance on clinical judgment, or that they simply chose not to identify the method(s) used.

In addition to the above mentioned procedures, the discrepancy item on the questionnaire also provided for the option of a discrepancy formula with regression factor. None of the respondents made this selection, however. It should be noted that the ISBE Criteria for determining the existence of a SLD (ISBE 1990) indicates that a regression model approach should be used in the computation of a severe discrepancy. Furthermore, the Illinois criteria specifically mention the use of a computer program, which utilizes a regression model in its discrepancy formula. However, it appears that this method is rarely used.

Since the purpose of an evaluation is often to determine eligibility for services, as well as type and intensity of service to be

provided (LDA 1990), the survey included a question about what type of recommendations were included in evaluations. Recommendations to remediate basic skills deficits are included in 83% of the evaluations, while 17% of the facilities do not include these. Seventy-eight percent of the facilities indicated the evaluation included specific recommendations for improving 1) educational goals, 2) remediation of process deficits, and 3) social-emotional deficits. Recommendations for vocational training are included by 67% of the facilities, leaving one third of the facilities providing no specific recommendations for vocational training.

While the above figures indicate that between 67-83% of the facilities include specific recommendations for improving a variety of skill deficits, there appears to be room for improvement. In particular, the need for vocational training recommendations would appear to be acute in the adult population. As noted by the LDA (1990) "... vocational counseling or rehabilitation should be included when there are issues regarding employability." Furthermore, the LDA position paper states that adults with SLD "should be assisted in understanding why certain occupations may be more appropriate and should be assisted in the decision making process along with specific training" (LDA 1990).

Of the 18 facilities included in the survey, most (56%) provide remediation services to adults, while a substantial minority (44%) do not. This suggests there may be a large number of adults who are unable to get help after being diagnosed. Of the facilities that do not provide remediation services, three were college/universities, one was a hospital/medical center, two were private practitioner/independent clinics, and two were rehabilitation institutes. It may be that while these facilities do not provide services, they may direct adults to specific separate facilities that provide remediation. However, several respondents specifically requested names of facilities in the area that did provide remediation services to this population.

CONCLUSIONS

The results of our survey indicate that, in Illinois, the procedures used to identify learning disabilities in adults are in keeping with the general diagnostic guidelines available in the literature (Cordoni, this issue; LDA, 1990). Overall, it appears that, in terms of definitional criteria, the procedures used to determine

intellectual potential and identify strengths and weaknesses in specific processing and achievement areas are strong. However, the procedures used to address the definitional criteria of excluding confounding handicapping conditions and identifying a severe ability-achievement discrepancy are in need of improvement. Thus, if the purpose of the LD evaluation is to design appropriate remediation, then the procedures in use at the facilities surveyed are quite adequate. However, if the purpose of the evaluation is to document a valid differential diagnosis for entitlement to services, then many Illinois facilities may need to improve upon the procedures currently in place.

REFERENCES

- Academic Therapy Publications. (1989). *1989-90 Directory of facilities and services for the learning disabled*. Novato, CA: Author.
- Bulgren, J., & Kline, F. (1991). The use of counseling to promote independence in post-secondary students with learning disabilities. *Illinois Association for Counseling & Development Quarterly*, 123.
- Cordoni, B. (1991). Diagnosing the adult with learning disabilities. *Illinois Association for Counseling & Development Quarterly*, 123.
- Council for Exceptional Children. (1987). Special issue on severe discrepancy. *Learning Disabilities Research*, 3, (1).
- Cone, T., & Wilson, L. (1981). Quantifying a severe discrepancy: A critical analysis. *Learning Disability Quarterly*, 4.
- DeFries, J., & Decker, S. (1982). Genetic aspects of reading disability: A family study. (255-279). In R. N. Malatesha & P. G. Aaron (Eds.), *Reading Disorders: Varieties and Treatments*. New York: Academic.
- Eleventh Annual Report to Congress on the Implementation of the Education of the Handicapped Act. Washington, DC: U.S. Department of Education, 1990.
- Foundation for Children with Learning Disabilities. (1985). *The FCLD Learning Disabilities Resource Guide: A State-by-State Directory of Special Programs, Schools, and Services*. New York, NY: Author.
- Fox, C. L. & Forbing, S. E. (1991). Overlapping symptoms of substance abuse and learning handicaps: implications for educators. *Journal of Learning Disabilities*, 24, 24-31.
- Illinois State Board of Education. (1990). *Criteria for Determining the Existence of a Specific Learning Disability: Recommended Procedures for Identification and Assessment*. Dept. of Special Education. Springfield, IL.
- Johnson, D. J. & Blalock, J. W. (Eds.). (1987). *Adults with learning disabilities: clinical studies*. New York: Grune and Stratton.

- Johnson, D. J. & Myklebust, H. R. (1967). *Learning disabilities: educational principles and practices*. New York: Grune and Stratton.
- Learning Disabilities Association of America. (1990). LDA Eligibility Position Paper and Supporting Documents, *LDA Newsbriefs*, 2A, 8A.
- Lerner, J. W. (1981). *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies*. Boston: Houghton Mifflin Company.
- Lerner, J. W. (1988). *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies*. Boston: Houghton Mifflin Company.
- Lutey, C. (1977). *Individual Intelligence Testing*. Greely, Co. Carol L. Lutey Publishing.
- McGuire, J. M., Norlander, K. A. & Shaw, S. F. (1990). Postsecondary education for students with learning disabilities: forecasting challenges for the future. *Learning Disabilities Focus*, 5, 69-74.
- Olson, R., Wise, B., Conners, F., Rack, J. & Fulker, D. (1989). Specific deficits in component reading & language skills: genetic & environmental influences. *Journal of Learning Disabilities*, 22, 339-348.
- Richek, M. A., List, L. & Lerner, J. (1989). *Reading problems: assessment and remediation*. Englewood Cliffs, NJ: Prentice-Hall.
- U.S. Office of Education. (1977B). Education of handicapped children. Implementation of Part B of the Education for the Handicapped Act. *Federal Register, Part II*. Washington, DC: U.S. Department of Health, Education and Welfare.
- U.S. Office of Education. (1977A). Education of handicapped children. Assistance to states: Procedures for evaluating specific learning disabilities. *Federal Register, Part III*. Washington, DC: U.S. Department of Health, Education and Welfare.
- Wechsler, D. (1974). *Wechsler Adult Intelligence Scale-Revised (WAIS-R)*. The Psychological Corporation, New York.
- Zimmerman, I., & Woo-Sam, J. (1973). *Clinical interpretation of the Wechsler Adult Intelligence Scale*. Grune & Stratton, New York.

Diagnosing the Adult With Learning Disabilities

Barbara K. Cordoni

Since the revision in 1986 of Section 504 of the 1973 Rehabilitation Act (Public Law 93-112) the need to understand how to assess the adult population has become of particular importance. This Act, which insures equal access for college entrance and business opportunities to all otherwise qualified handicapped people, served to alert practitioners of the need to develop standard procedures for their assessments of adults. Additionally, adults who are seeking accommodations in the work place or additional training from service agencies such as the Department of Rehabilitation, require a differential diagnosis in order to receive services or support.

During the last fourteen years the author and her staff have evaluated over one thousand adults in the Clinical Center at Southern Illinois University. Based on this testing, the author and her staff have conducted research and developed models which may be helpful to other diagnosticians.

Because this article is written for the practitioner rather than for the researcher, the author has tried to limit the reporting of research and to emphasize instead how instruments should be used with this population. Most of the tests which are discussed are those which are most commonly used by practitioners.

THE EVALUATION PROCESS

The instigation of any evaluation begins with the selection of instruments to be used in the evaluation. Under most circumstances, the choice of instruments is determined by the social history. In public schools, the referring teacher's report may also aid in the determination of the choice of instruments. Clues in the report or social history may determine whether or not a test of language competency should be administered, for example. A standard battery would consist of an IQ test and tests of

Barbara K. Cordoni, Ed.D. is a Professor in the Department of Special Education and Coordinator of the Clinical Center Achieve Program, Southern Illinois University, Carbondale, IL.

achievement. The degree of investigation into a specific area of achievement would be determined by the presenting problem; e.g. an individual who is experiencing reading problems would be given more tests in that area than in mathematics.

For years, instruments have been developed, often with mixed results, for children with learning disabilities. Data have been gathered which could help define the patterns of abilities and disabilities of children. Not so for the adults, who were often growing up just ahead of developing school programs. The growth of college programs that serve the learning disabled adolescent and adult has been the major impetus for investigating how to diagnose this population more efficiently.

It has often been stated that a major assessment problem was that so few tests were normed on an adult population. While this statement is true in the case of many tests, it is not the real issue because of the very nature of learning disabilities. People with learning disabilities have certain and in most cases predictable types of test results. Although test scores will differ among subjects, with one scoring well in math or reading and another scoring less well, some patterns will emerge.

Those who state that because of the dearth of adult normed tests it is impossible to accurately diagnose the learning disabled adult neglect to consider important factors. First, the true learning disabled adult will show the same types of difficulties as does the child with similar problems. Therefore, tests which purport to measure achievement levels will render analysis of grade level competencies for the adult as well as for the child. Several tests are already normed on the adult population so the availability of tests is of less concern than are other issues; still, problems exist in the interpretation of achievement scores.

In the public schools one regularly finds tests used as if they were interchangeable, but they are not. As an example, let us look at scores in mathematics as measured by several commonly used instruments.

DIAGNOSIS OF DYSCALCULIA

An individual with dyscalculia will show significant deficits when tested using the Key Math Diagnostic Test, (Key Math; Connolly, Nachtman & Pritchett, 1971) even though its highest norms are the ninth grade. When a person is experiencing difficulty in

some academic area, it is unlikely that s/he will be able to score above a test's ceiling in that area, e.g. the ceiling on the Peabody Individual Achievement Test-Revised (PIAT-R; Dunn and Markwardt, 1989) is at the twelfth grade, ninth month level. The Wide Ranged Achievement Test-Revised (WRAT-R; Jastak and Wilkinson, 1984) has its highest norms at the end of twelfth grade, yet it is a totally different test than is the PIAT-R and provides limited information since there are only a few problems in any one area of math.

The Woodcock-Johnson Psychological Test Battery-Revised (WJ-R; Woodcock and Johnson, 1989) is normed on adults and is a far more comprehensive test than are those previously mentioned. It allows the examiner to assess the client's functioning levels in a variety of academic areas. It also provides cluster scores in areas of achievement and in the cognitive areas of memory, reasoning, auditory and visual processing, perceptual speed and comprehension. However, even though it is normed on adults, and is more comprehensive than the other tests, the examiner must not accept a simple grade or age score.

Diagnosticians must understand the differences among tests. The WRAT-R is a speed test in mathematics while the WJ-R, the PIAT-R and the Key Math are power tests; they are untimed. On the WJ-R, parts of the Key Math and the WRAT-R the client has to write in the math sections; on the PIAT-R s/he may point to the correct answer or answer orally. The same processes ARE NOT being measured. For instance, one adult male client achieved these scores:

	<i>Grade Level</i>
Key Math (written and oral responses, untimed)	7.6 grade
PIAT-R (oral response, untimed)	12.9 +
WJ-R (written and oral response, untimed)	9.7
WRAT-R (written and timed)	5.6
At what level is this person functioning in mathematics? (Cordoni, 1990).	

Unless the examiner clearly understands what each test measures and how it is measured, the examiner will not understand that this particular client does not do well under time constraints and is more efficient when he does not have to write. Given his high score on the PIAT-R, where he is allowed to guess, we could as easily say that this client has a "time and pencil" disability and that he may be good at guessing. A grade score from only one

instrument is simply a poor indicator of a client's functioning.

The next step is the analysis of the types of errors the client makes. The learning disabled adult will usually have problems with decimals, percentages, fractions and multiplication tables.

He/she may also have trouble with process signs, e.g. "seeing" a plus symbol as a sign for multiplication or begin to work a subtraction problem from the wrong side but these are not math disabilities per se. Rather, we are identifying difficulties in directionality and in visual perception.

DIAGNOSIS OF DYSLLEXIA

Analysis is also necessary with the reading tests. For instance, all of the above mentioned tests except the Key Math, also have a reading recognition score. This task is one of word attack alone. Only the WJ-R and the PIAT-R have a test of reading comprehension as well. Many adults with learning disabilities do not decode words quickly nor well but their comprehension is good because they can discover the content of the sentence through other means, such as context clues. Conversely, those who can decode but who also have subtle language problems are more likely to have comprehension deficits. All clients must be tested in both silent reading and in oral reading for even in adulthood, the degree of comprehension is often directly related to whether a paragraph was read aloud or silently. For whatever purpose the client is being tested, it is critical that more than one instrument is used and that an error analysis is made.

USING GLOBAL TEST SCORES

Both the PIAT-R and the WJ-R contain tests of general knowledge. The WJ-R breaks this area down into subtests of Science, Humanities, etc. while the PIAT-R does not. The general knowledge subtest is often the learning disabled person's highest score. (Sometimes it is hard to understand how a client has managed to learn so much when reading scores are so low, but they do.) These two instruments are global tests, meaning that they test a variety of academic areas. Unfortunately, the manuals of many of the achievement tests contain statements that an IQ score may be derived from the Scaled Scores. However, when one is examining a person with disabilities, that is a dangerous prospect.

When measuring a deficit area, it is obvious that one could be led to feel that a client was not as bright as he/she really is.

For an individual who is experiencing reading and spelling difficulties but who is proficient in mathematics, the examiner may choose to use tests of reading and spelling only. For an individual with memory problems, the Wechsler Memory Scales or relevant subtests of the WJ-R would be the best choices.

ANALYSIS OF TEST RESULTS

The ability of the examiner to analyze the results of a test is of more importance than what test is actually used. An example of the need for analysis is apparent in the intelligence tests. Numerous studies have been conducted in attempts to identify specific patterns of scores on IQ tests which might be helpful in the identification of learning disabilities.

The most common tests of intelligence are the Wechsler scales. The form which is normed on the adolescent and adult population is the Wechsler Adult Intelligence Scale-Revised (WAIS-R, Wechsler, 1981). Consistently, research has shown that in the adult with learning disabilities specific patterns emerge which are not usually noted in the population at large. Specifically, clients with learning disabilities who score in the average range (90 to 109) or in the above average range (>110) will show similar patterns of scores. A study which compared LD and non LD college students using the WAIS-R (Cordoni, O'Donnell, Ramaniah, Jurtz, & Rosenchein, 1981) clearly identified two patterns of scores. The first was lower scores in the A.C.I.D. pattern, an acronym derived from the first letters of subtests Arithmetic, Digit Symbol (Coding in the children's form of the test,) Information and Digit Span. The second pattern was found by using the Bannatyne Spatial category (1974). The Spatial category is derived from the following subtests; Picture Completion, Block Design and Object Assembly. Bannatyne's Spatial category identified 74% of the students with learning disabilities while the A.C.I.D. pattern identified 82% correctly.

Vogel (1986) completed a study of 31 female college students who were freshmen, sophomores or juniors. She found that Digit Span, Information and Arithmetic were also their lowest scores. However, Digit Symbol was their highest score. It may well be that this occurred because her population was all female and represented more academically advanced students while

Cordoni's et al (1981) population were all incoming freshmen and consisted of 48 males and only 9 females. Turner (1986) replicated the 1981 study using the revised version of the test and found that although the WAIS-R Verbal, Performance and Full Scale scores were reduced by 5, 6 and 6, points respectively over those achieved on the WAIS, the patterns among college aged students remained nearly identical. Turner (1986) also found that the high IQ students showed more variability than did the average IQ students, a finding often noted in the literature. The A.C.I.D. pattern, while clearly observable in the average IQ adults, was less obvious in those with superior IQ's. Within the Verbal subtests, the most significant contributor to differences between average and high ability individuals was the Arithmetic subtest, while within the Performance area the significant contributor was Block Design.

While additional research on test score patterns is available, it is important for the reader to be aware of the need for clinical judgment in all research efforts as well as in individual assessments. For instance the newly revised Stanford-Binet Intelligence Scale: Fourth Edition (SB: 4; Thorndike, Hagen and Sattler, 1986a, 1986b) attempted in this revision to place less emphasis on language skills, but a recent study (Cordoni and Goh, 1989) reveals that the SB-4 is still heavily language biased and scores are consistently lower for the L.D. population than those achieved on the WAIS-R. Although the test is purported to help in the identification of people with learning disabilities as well as other populations, very limited research exists. In Cordoni and Goh's (1989) sample of adults with learning disabilities they found that the adults scored highest on Verbal Reasoning skills and lowest on Quantitative Reasoning and Short-Term Memory scales. Despite the age differences of the subjects, this study replicates that of Smith, Martin, and Lyon (1989). The results of the Turner (1986) and Cordoni and Goh (1989) research illustrate the necessity of conducting new research when revisions are made.

A 1983 study by Frauenheim and Heckerl pointed out another important fact. A group of clients originally tested at a diagnostic and treatment center in Michigan (mean age—10.6) were retested seventeen years later. They reported that Verbal, Performance and Full Scale scores were essentially the same in adulthood as they had been in childhood. While our research had not revealed that consistency in academic areas, e.g. children with math disabilities

become adults with math disabilities. The diagnostician must be cognizant of this type of research for it points out what we are still learning; that learning disabilities may change form over the years but the fundamental learning disability remains in the absence of specific treatment. Equally important is the fact that the abilities also remain.

MODALITY PREFERENCE INSTRUMENTS

As previously stated, attempts to determine appropriate instruments to identify specific learning disabilities in adults have been limited because many instruments which are used in the identification of children with learning disabilities have not been normed on the adult population. This is particularly true in the case of instruments which purport to measure processing abilities.

Processing, or modality preference tests as they are sometimes called, are those which attempt to discover what an individual is able to do with information s/he either sees or hears. Often, clients from the work place or students in college come to the testing situation because they are experiencing difficulties in accomplishing some activity. For the person in business, the complaint may be understanding and/or remembering a series of instructions or difficulty in taking notes during meetings. For the college student, it is often the problem s/he has in understanding lectures, taking notes or perhaps the inability to pass a particular course. Despite their other abilities, there is a problem in the processing of important information which interferes with the accomplishment of their goals. These types of disabilities are often subtle and more difficult to measure than an IQ score for instance, although IQ scores may reflect the results of processing deficits in the pattern of scores revealed.

There are few modality preference tests and even fewer which address the needs of an adult client. However, in this realm, as with achievement and IQ tests, adults continue to experience the same types of difficulties as did the children. Those of us who assess adults several times a week have found that it is possible to use a test designed for younger people if we establish local norms. Although the lack of adult norms and standardization are formidable obstacles, still such instruments can be quite valuable once local norms are established. A case in point is the Specific Language Disability Test (SLDT) by Neva Malcomesius (1967).

This test was designed for children in the sixth through eighth grades. Some might question if a test normed on young children would be insulting to the adult, but such is not the case. What the adult could not do well in childhood he is not going to do well as an adult without specific remediation.

On the SLDT, the client is asked to respond to visual or auditorily presented material. Although it is good to be able to see immediately that a client functions more accurately in visual than in auditory tasks, the method of response is of even greater importance. For example, there is a subtest called Comprehension on this instrument which consists of a paragraph which is read to the client. Ten facts are presented. After the client has listened to the paragraph, s/he is asked to write down as many facts as s/he can remember. We suspected that writing and/or rehearsal might be a more critical issue on this subtest than auditory memory, so we randomly chose the method of response; e.g. one client would first write the answer and then tell the examiner as many facts as possible while the next client would give answers orally and then write the facts. It was discovered that clients who could write only one or two responses could often recite seven or eight. This seemingly small piece of information becomes terribly important for programming purposes. Indeed, when one is trying to develop a program or to establish the needs of a client, this test is one of the most valuable.

Over the years we have used virtually every measure of language functioning and processing test that is in publication and have eventually rejected most of them. Most of the language based disabilities are very subtle and difficult to measure. Through clinical observation, one is aware of difficulties in either receptive and/or expressive language, mixed syntax or the prosodic elements of speech. When a severe disability is present, a central auditory processing evaluation will often reveal the nature of the disability. Interestingly, the majority of L.D. adolescents and young adults report a history of ear infections as children and a history of tubes in the ears. Until better instruments are developed, we have found that the most efficient method of exploring language disabilities is to use several tests which examine language in different ways. For instance, both the WJ-R and the PIAT-R have a written language subtest. The Test of Language Competency (TLC, Wiig and Secord, 1985) tests a client in the areas of Ambiguous Sentences, Making Inferences, Recreating Sentences and in

Understanding Metaphors. This test helps us understand if the client is more efficient when s/he is given words to use than s/he is when asked to generate words. The Test of Written Language (TOWL-2, Hammill and Larsen, 1988) requires a client to look at a picture and generate a story about it. He/she is scored on the length of the story, spelling, thematic maturity, length of words, style, and so forth. Other TOWL-2 subtests require the client to generate written examples such as sentences when only a few words are given. When these various tests are compared, the nature of the language difficulty is often revealed, allowing for more careful programming.

The final step in the evaluation process is the comparison of all the administered instruments. From this comparison, a program of value to the client can be developed. The evaluator will know that the client needs further evaluation in the cases of a Central Auditory Processing disorder or that the client should be taught to use a computer to compensate for spelling or writing difficulties.

In summary, those who wish to begin or expand services to people with learning disabilities need not incorporate a vast array of diagnostic tests, but each must be chosen with care. The clinician must be aware of what a test can reveal which will be of service to the client. We must be equally aware of what it cannot tell us and base our judgments accordingly. We must be aware of the need for more than mere academic testing. It is as important to know how a person learns as it is to determine what s/he knows.

REFERENCES

- Bannatyne, A. (1974). Diagnosis: A note on recategorization of the WISC scaled scores. *Journal of Learning Disabilities*, 7, 272-273.
- Cordoni, B. (1990). *Living with a learning disability* (rev. ed.) Carbondale, IL: Southern Illinois University Press.
- Cordoni, B., & Goh, D. (1989). A comparison of college students with learning disabilities on the Stanford-Binet Intelligence Scale, Fourth Edition and the Wechsler Adult Intelligence Scale-Revised. *Learning Disabilities*, 1, (2), 35-39.
- Cordoni, B., O'Donnell, J., Ramanih, N., Kurtz, J., & Rosensheim, K. (1981). Wechsler adult intelligence score patterns for learning disabled young adults. *Journal of Learning Disabilities*, 14 (7), 404-407.
- Connolly, A. J., Nachtman, W., & Pritchett, E. M. (1971). *Key Math Diagnostic Arithmetic Test*. Circle Pines, MN: American Guidance Service.

- Dunn, L., & Markwardt, Jr., F. (1989). *Peabody Individual Achievement Test-Revised (PIAT-R)*. Circle Pines, MN: American Guidance Service.
- Education of the Handicapped Act, 20 U.S.C. Sections 1400-1485.
- Frauenheim, J., & Heckerl, J. (1983). A longitudinal study of psychological and achievement test performance in severe dyslexic adults. *Journal of Learning Disabilities*, 16, 339-347.
- Hammill, D., & Larsen, S. (1988). *Test of Written Language-2 (TOWL-2)*. Austin, TX: Pro-Ed, Inc.
- Jastak, S., & Wilkinson, G. (1984). *Wide Range Achievement Test-Revised WRAT-R*. Delaware: Jastak Associates, Inc.
- Malcomesius, N. (1967). *The Specific Language Disability Test (Malcomesius)*. Massachusetts: Educators Publishing Service, Inc.
- Rehabilitation Act of 1973, 29 U.S.C. Section 504.
- Smith, D. K., Martin, M. E., & Lyon, M. A. (1989). A validity study of the Stanford-Binet: Fourth Edition with students with learning disabilities. *Journal of Learning Disabilities*, 22, 260-261.
- Thorndike, R. L., Hagen, E. P., & Sattler, J. M. (1986a). *Guide for administering and scoring the Stanford-Binet Intelligence Scale* (4th ed.). Chicago, IL: Riverside.
- Thorndike, R. L., Hagen, E. P., & Sattler, J. M. (1986b). *Technical manual for the Stanford-Binet Intelligence Scale*. (4th ed.). Chicago, IL: Riverside.
- Turner, A. (1986). *A comparison study of the WAIS and WAIS-R score patterns for learning disabled young adults*. Unpublished doctoral dissertation, Southern Illinois University, Carbondale, IL.
- Vogel, S. (1986). The levels and patterns of intellectual functioning among LD college students. *Journal of Learning Disabilities*, 19 (2), 71-79.
- Wechsler, D. (1981). *Wechsler Adult Intelligence Scale-Revised (WAIS-R)*. New York: The Psychological Corporation.
- Wiig, E., & Secord, W. (1985). *Test of Language Competence (TLC)*. New York: The Psychological Corporation.
- Woodcock, R. W., & Johnson, M. B. (1989). *Woodcock-Johnson Psychoeducational Battery-Revised (WJ-R)*. Allen, TX: DLM Teaching Resources Corp.

An Instructional Model for Use by Counselors: Promoting Independence in Post-Secondary Students with Learning Disabilities

Janis Bulgren
and
Frank Kline

This paper discusses methods for promoting independence in adults with LD in post-secondary settings. It is designed for counselors, social workers and those who facilitate the transition of students from the educational setting to the workplace. The paper first considers the needs and characteristics of the general population of adult students with learning disabilities. Critical elements needed to effectively promote independence are then identified through the presentation of an instructional model. The importance of gathering information about the specific person as well as examples of information that may be gathered are presented. Finally, a strategy for monitoring and evaluating student progress is presented. This strategy can be used as a basis for ongoing counseling sessions and the facilitation of communication.

INTRODUCTION

For the student with learning disabilities (LD) the time immediately following graduation from secondary school is pivotal. It is during this time that students with LD are, like other young adults, making decisions regarding their future occupations and goals as well as testing their abilities to function independently and positively in the community. Similarly, this is also a time of extreme importance for those who counsel post-secondary adults with LD. These professionals may include counselors, social

Janis Bulgren, Ph.D., and Frank Kline, Ph.D., are at The University of Kansas Institute for Research in Learning Disabilities.

workers or others who serve as transition facilitators. Indeed, this may well be the last opportunity students with LD have to work with professionals who can analyze strengths and needs, provide direction for drawing on skills which students already possess and direct these students to other programs which will supplement identified skills. In short, this may represent the culmination of the entire educational process, the end goal of which is to facilitate independent functioning in real-world settings for students with LD.

PROBLEM

In order to facilitate this progression toward independence and productivity, it is first necessary to understand the needs of post-secondary students with LD as seen by society, the needs of post-secondary students with LD as perceived by themselves, and the characteristics of post-secondary students with LD. When these factors have been understood, counseling professionals can interact more effectively and efficiently with clients to achieve the goal of independence.

From society's point of view, the need of post-secondary clients is for employment counseling. Unfortunately, this need is not always adequately met. Haring, Lovett, and Smith (1980) indicated that persons with LD are rarely eligible for programs that provide services for adults with disabilities. The authors contended, however, that just as this group requires special services to benefit fully from public education, the need for special services does not decrease upon graduation from high school. Furthermore, they argued that poor outcomes in terms of competitive employment and independent living as described in research on students with disabilities, may stem from the absence of comprehensive community services for adults with LD just as much as from possible inadequacies of the public school special education program. Of 64 subjects in the Haring, et al. (1980) study, 35% received some post-secondary training, most received training at a vocational technical institute, the remainder at a university or from the Department of Vocational Rehabilitation. However, of the students who had received formal post-secondary training, only 18% were employed. The authors found that, in general, adults with learning disabilities received very few community services and limited employment or related services. Therefore, the need

for professional counselors to target adults with LD would appear great.

While employment is viewed by society as an important need of this population, adults with LD often have a slightly different view of their problems. Their self-identified needs often tend to center more around social competence than vocational competence. In a review of the literature by White (1985), social isolation and inadequacy were identified as major problems by adults with LD in college settings. Counseling and psychotherapy for the purpose of dealing with frustration and other problems were perceived by adults with LD as even more beneficial than services for learning problems. Therefore, it may be that counselors and transition facilitators face a double challenge: to help post-secondary clients with LD develop skills which facilitate employment as well as skills which provide a means of addressing personal and interpersonal adjustment.

Finally, in order to promote independence for post-secondary clients with LD, counselors and other transition facilitators need to be aware of characteristics shared by many post-secondary adolescents and young adults with LD. An awareness of these characteristics allows specialists to plan for compensatory work on weak skills as well as to build on strengths. Due to a paucity of empirical information on adolescents and young adults with LD, the University of Kansas Institute for Research in Learning Disabilities conducted research resulting in a comprehensive epidemiological data base for describing a profile of older-aged individuals with LD as well as a description of their learning environments. Results from that study (Alley, Deshler, Clark, Schumaker, & Warner, 1983; Deshler, Schumaker, Alley, Warner, & Clark, 1982) indicated that these students had particular difficulty in generalizing academic and social skills across settings. This can be a frustrating problem for both the student and the educator. For the student, each new situation seems to call for entirely new answers and techniques. This may appear to be so even though the student has been taught an approach to a similar problem which, with minor adaptations, could well be used to deal with the current problem. For the educator, this is frustrating because, although such a strategy may be within the student's repertoire, the educational process had not yet succeeded in leading the student to independently extrapolate and generalize known strategies to new settings (Deshler, Schumaker, & Lenz, 1984).

Another finding by Alley et al. (1983) is that to be effective, motivational programming for individuals in this population should allow them to be responsible for their own behaviors. This can be accomplished by encouraging the use of techniques such as goal-setting management systems. Schumaker, Deshler and Ellis (1986) pointed out that adolescents must be prepared to face life on their own, a goal which involves, among other things, making decisions, expressing thoughts and wishes, and setting and accomplishing goals. In summary, a lack of ability to generalize known approaches to new situations and to set and pursue reasonable goals is often characteristics of adults with LD. These characteristics of young adults with LD present major challenges to all who counsel this population. As a result, reinforcement of how to apply what they know in one setting to other settings and guidance in setting goals are two major areas of need for young adults with LD.

These continued and often intense needs of young adults with LD compound the demands on counselors and transition facilitators who often carry already large caseloads. This is particularly the case since these students may need counseling beyond the valuable procedures already in place in many career counseling centers. Therefore, a set of procedures that allow exploration of strengths and needs are an important part of a repertoire for counseling professionals who work with post-secondary adults with LD. The underlying assumption of this paper is that the goal of professionals who specialize in working with post-secondary students is to promote the ability of their students to learn and function independently both in and out of school settings, in short, to develop an independent mindset. This paper will show counselors how this goal can be accomplished by applying an instructional model to counseling settings. This application will be useful to counselors because the instructional model used has broad implications for promoting independence for the adults with LD at the post-secondary level as they, out of necessity, assume major responsibility for their functioning in society. This model will be presented in the next section of this paper. Next, this model will be applied to post-secondary settings by suggesting how counselors can identify clients' strengths and needs (e.g., strategies which may be within the clients' repertoire but are often untapped, or new strategies which could respond to client needs). Finally, a method for counselors to use as they monitor and evaluate progress towards independence will be presented.

AN INSTRUCTIONAL MODEL

One instructional model suitable for use in the counseling setting would be the simple cyclical model consisting of *Instructional Input*, *Student Response*, and *Teacher Reaction*. This type of model is reflected in most more specific instructional models (e.g. Deshler, Alley, Warner, & Shumaker, 1981, Brown & Palincsar, 1987). This section will define and consider each of these three elements in terms of instructional settings and then consider the interaction among the elements as instruction becomes an ongoing process. The application of this Instructional Model to counseling settings will be explored in the rest of the article.

"Instructional input" is the instruction that a teacher provides. This instruction may take many forms. It could include lecture, assigned readings, films or other media, demonstrations, etc. The purpose of instructional input is to paint a picture of the knowledge or skill the teacher is trying to teach so the student can begin to assimilate it into his/her own life. Instructional input is most meaningful as a concept at the beginning of instruction. As we will see later, instructional input can become merged with teacher reaction as instruction proceeds.

"Student response" is the student's attempt to demonstrate command of the knowledge or skills that are being taught. This is the student's chance to show that the knowledge has been imparted or that the skill has been acquired. During this part of the instructional cycle, the student makes an active and overt response to the teacher's input. This response may take many forms. For example, it could include the following: answering a question, asking a question, providing a paraphrase of what the teacher has said, completing an assignment, taking a test, etc. It is the student's attempt to demonstrate competence in the skill or knowledge being learned.

"Teacher Reaction" is what the teacher presents to the student after the student response. This reaction takes the form of coaching; the teacher provides information designed to help the student understand more clearly the picture the teacher painted during the instructional input part of instruction. Teacher Reaction can include information about whether a particular response is correct or incorrect (*Knowledge of Results*), a general pattern of errors that the student appears to be making (*Error Analysis*) and how or why that general pattern of errors seems to be occurring (*Elaborated Feedback*).

The three elements of Instructional Input, Student Response, and Teacher Reaction interact in a complex manner. Once the instructional process begins, the two elements provided by the teacher begin to lose their distinctness. The teacher reaction to one student response becomes instructional input designed to influence the next. This is shown in figure 1.

Figure 1 shows the instructional input as touching the teacher

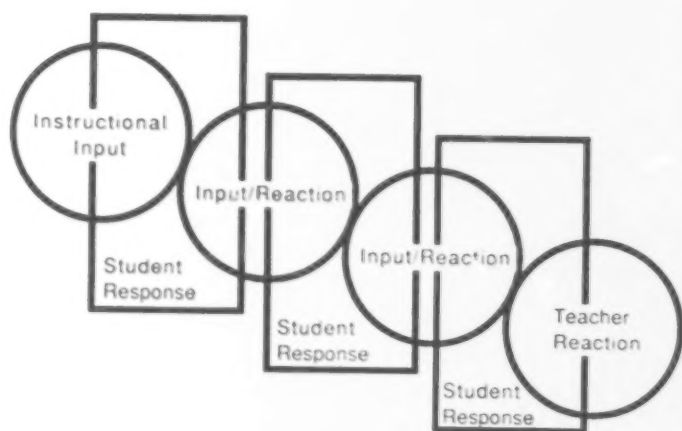


Figure 1
A cyclical instructional process

reaction. This is to illustrate that it is often difficult to distinguish between them. They are placed over the student responses because they may occur nearly simultaneously in some settings. What actually occurs during instruction is much more complex and not as well understood as this model might imply. However, this model can offer insights into how the teacher and student can interact so that, ultimately, student independence can be promoted.

This model also has application to the client-counselor interaction. If one substitutes the "counselor" for the "teacher" and the "client" for the "student," the beginnings of the application become apparent. Application of the instructional model to an entire counseling sequence provides a vocabulary for discussing various elements of counselor-client interaction. The initial assessment stages of a counseling sequence focus on the Instructional Input, Student Response, and the Error Analysis section of the Teacher Reaction elements of the model. This occurs as the counselor gathers assessment data designed to provide knowledge of the client's current capabilities.

This assessment process comprises the content of some of the early counseling sessions. By posing questions to the client and by examining documents and other sources of information, the counselor can explore areas of strengths that the client possesses in the form of strategies or approaches to a problem which can be generalized to new needs in the post-secondary setting. If, on the other hand, the client does not possess important strategies, the assessment occurring in the initial counseling sessions will provide knowledge of needs which the counselor may address through referral.

For the assessment stages of the counselor/client interaction then, the elements of the Instructional Model are adapted as follows: (a) the Instructional Input element becomes those questions or assessment situations and tools designed to elicit the information desired from the client, and (b) the Student Response element becomes the client's answers to the questions or situations posed by the counselor. The Teacher Reaction element of the model (c) in the assessment stages typically includes only the interpretation of content from the Student Response element (error analysis). In fact, instructions which accompany many assessment instruments specify that the counselor not provide knowledge of results or elaborated feedback.

ASSESSMENT OF CLIENT STRENGTHS AND NEEDS

An initial topic for discussion between the counselor and client at the post-secondary level, then, is the strengths within the client's repertoire which may be used to respond to current challenges. Clients with LD at the post-secondary level continue to face many of the same challenges that they faced in elementary and secondary settings. Fortunately, in many cases, the post-secondary client can call upon a number of strategies and skills learned in earlier years and apply them in new settings. This is especially true for those clients who received special education services that provided instruction in academic and social skills strategies (Deshler, Schumaker, & Lenz, 1984). For these clients, a repertoire of techniques is ready to use in response to new challenges. Unfortunately, many clients with learning disabilities do not readily generalize existing skills and strategies to new settings (Schmidt, Deshler, Schumaker & Alley, 1989). It is therefore critical for counselors and transition facilitators to be aware of the types of training that clients may have had previously.

An awareness of a variety of strategies provides the framework for the counselor or facilitator to explore the client's knowledge of these strategies, analyze current setting demands, and participate with the client in determining which strategies within a client's repertoire may be generalized to new demands. If, however, the counselor or facilitator finds that the client does not have strategies for important areas of need, then he or she is prepared to pinpoint areas that are in need of intensive remediation. In essence, the counselor or facilitator is using the Instructional Input section of the instructional model just described to explore a client's current level of functioning. During the first few sessions, the counselor or facilitator is not engaging in instruction, but rather, as adapted for the counseling session, is attempting to identify what Instructional Input has occurred in the past, what the Student Response has been to that Instructional Input, and how well the client assimilated the Teacher Reaction from those past instructional experiences. During these initial phases of counseling, the emphasis is placed on the exploration of past instruction delivered to the student and on the analysis of the response to that input.

Once the counselor is armed with knowledge of the client's acquired expertise as well as current needs, the counselor or facilitator may begin to engage more fully in the cyclical process

described in the Instructional Mode. Because time is usually of the essence in these situations, the counselor or facilitator needs to quickly and accurately identify the foundations upon which the client can further develop competencies. Therefore, a brief description of various types of strategies with which the client may be familiar will be given in order to provide subject matter for discussion about strategies in the client's repertoire. This is the content around which the initial Instructional Input, or more accurately, exploration of "Previous Instructional Input," will focus. After these initial discussions, the counselor eventually makes the transition from exploration of previous instruction to true Instructional Input. Therefore, through the process of the client-counselor interaction, strengths in the form of strategy knowledge can emerge. In order to provide information about several strategies which students may have been taught, these strategies will be presented in three sections: a) strategies involved with the reception of information, e.g., understanding; b) strategies involved with the storage of information, e.g., remembering; and, c) strategies involved with the expression of information, including social skills strategies, e.g. communication.

First, clients may have been taught to gather important information from printed material. As students progressed through the upper elementary and secondary level courses, it was certainly necessary to gather information from textbooks and other printed materials. As a result, educators and researchers have directed considerable attention to helping students efficiently derive information from those sources. Indeed, a task-specific learning strategy, called *The Multipass Strategy* (Schumaker, Deshler, Alley, Warner & Denton, 1982), designed to help students gain information from printed material was developed at The University of Kansas Institute for Research in Learning Disabilities (KU-IRLD). In this strategy, the student is taught to gain information from a text by making several "passes" through a chapter for the purposes of familiarizing the student with main ideas and organization of the chapter, to help student gain specific information and facts from a chapter without reading it from beginning to end, and to get students to test themselves over the material presented in the chapter. Other study techniques which focus on gathering information from a printed material included the SQ3R method (Robinson, 1946) in which the student is taught to quickly survey a chapter, and then make a second pass through the chapter with

the goal of turning subtitles into questions, reading to locate the answer to the question, reciting the answer to the question, making notes of the answer and reviewing the material. Other procedures previously encountered by the student may follow the patterns described above in which the student attempts to understand printed material in an efficient and effective manner.

Furthermore, the client may have been taught to focus on the understanding of information through the use of other strategies which might include paraphrasing, summarization, or prediction. For example, in *The Paraphrasing Strategy* developed by the KU-IRLD (Schumaker, Denton, & Deshler, 1984) students are taught to read a portion of a passage, ask themselves questions about that passage and to put the answer in their own words. Another strategy with which the client might be familiar is a summarization strategy (Wong, Wong, Perry, & Sawatsky, 1986) in which the students are taught to identify the main ideas and important details in a paragraph, to summarize that paragraph in their own words, and to ask questions about the quality of their summary. Brown and Palincsar (1987) developed a procedure called "reciprocal teaching" in which the student is taught, through interaction with the teacher, to read a segment of text, ask questions about the segment, summarize the content, discuss and clarify difficulties, and make predictions about future content. After training in this method, students were found to perform at a more mature level in terms of ability to summarize passages and also in terms of comprehension of material encountered. Therefore, these are valuable skills to call upon in post-secondary settings when clients encounter demands to process and comprehend printed material. This is because paraphrasing and summarizing strategies are those which provide a foundation for clients to analyze information conveyed in any language format, put that information into their own words and thereby assure themselves their teachers, and their employers that they can understand information delivered in a variety of ways.

Second, the demand to remember information in a meaningful way continues to be of critical importance to success at the post-secondary level. Fortunately, some clients may have developed strategies regarding ways to remember information ranging from an emphasis upon factual information to conceptual information, all of which can be generalized to new settings. Strategies which focus upon the storage and retention of factual information may

be those designed to remember lists of information through strategies such as *The FIRST-Letter Mnemonic Strategy* (Nagel, Schumaker, & Deshler, 1986) developed by the KU-IRLD. In this strategy, the student is taught to identify lists of information which are important to remember and then to create an acronym which will help the student to remember the items in the list. Other strategies which the clients have learned may be those designed to utilize a memorization technique referred to as the "keyword method" which teaches the students to associate familiar words which sound like other unfamiliar words as a memory aid (Scruggs and Mastropieri, 1990). Such strategies teach students to identify important information, to focus upon key words, and then to form mental images or verbal reinforcers linking new and familiar keywords to aid the remembering of information. Other strategies to enhance memory range include those used to teach students to remember items according to location or peg words or to remember dates by coding (Mastropieri, Scruggs, & Levin, 1986).

Both remembering and understanding are facilitated through strategies which develop higher order conceptual thinking. Strategies such as semantic mapping (Johnson & Pearson, 1978) semantic feature analysis (Bos and Anders, 1987) and concept diagramming (Bulgren, Schumaker & Deshler, 1988) involve graphic organizers designed to focus upon a key concept and to develop an awareness of the key components possessed by all examples of a concept class. Strategies such as these serve multiple functions: help in understanding of a concept or topic, remembering of information in a spatial format, and efficient notetaking of key information on the topic at hand. It becomes obvious that such strategies can be powerful tools in many settings.

Third, clients may have been taught strategies regarding how to communicate successfully with others, that is, to express the information which they have learned. Strategies here may involve verbal expression or written expression. Skills which clients may have learned in social skills strategy training programs such as *Social Skills for Daily Living* (Deshler, & Schumaker, 1983; Schumaker Hazel, & Pederson, 1988) certainly serve well in discussing information with teachers or peers or presenting information orally. Writing strategies developed by the KU-IRLD such as *The Sentence Writing Strategy* (Schumaker, & Sheldon, 1985), *The Paragraph Writing Strategy* (Schumaker, & Lysterla, 1991), and *The Error Monitoring Strategy* (Schumaker, Nolan, & Deshler, 1985) are

strategies which can be called upon in post-secondary settings, whether those are educational or job-related.

When strategies are already present in a client's repertoire, information about those strategies allows the counselor or facilitator to explore the client's current strengths and then to determine where these strategies will help meet post-secondary demands. When a client has not been trained in strategies, this information can be ascertained in the counseling session, and the client may be referred for additional strategy training in key areas. Eventually, the acquisition and generalized use of these strategies will be incorporated into a client's goals which then become the focus of subsequent counseling sessions.

MONITORING AND EVALUATION OF COUNSELING SESSIONS

During a series of counseling sessions, the focus will shift from assessment to goal setting and then to monitoring and evaluation of how well those goals are met. This section seeks to explore monitoring and evaluation in the context of counseling sessions by: (a) explaining monitoring and evaluation in terms of our instructional model; (b) examining specific steps to use at the end of one counseling session and at the beginning of the next; and (c) exploring how those steps might be used to promote client independence.

First, in terms of our instructional model, the Instructional Input now becomes discussion regarding the specific types of demands that the client faces and the exploration of situations in which the student might use a certain strategy. At this point, however, Student Response becomes more difficult to observe directly. This is because the response of primary interest takes place outside of the counseling setting as a part of the milieu in which the client lives and works. The counselor must, to a large extent, depend on self report of the client to assess the quality of that response. However, the counselor should be encouraged to make forays into the client's milieu to make personal assessments of the client's responses.

It is also at this point in the counseling sessions that the Teacher Response component of the instructional model becomes critical to efficient and effective client progress. Kline, Schumaker, and Deshler (in press) show the effectiveness of teacher response in

the form of elaborated feedback conferences in instructional settings. The consistent use of error analysis, providing knowledge of results, and elaborated feedback can result in a reduction of the number of trials required to reach mastery on a writing task and in the number of errors made from trial to trial. The application of these findings to counseling settings is as follows: the counselor (a) looks for consistent patterns of errors (i.e., non-strategy use or improper strategy use); (b) informs the client of the patterns, and (c) explores how or why they occurred. Therefore, findings of success in an educational setting when feedback is used suggest that positive results can be achieved in a counseling setting.

Second, it is useful to focus upon specific steps to use at the end of one counseling session and at the beginning of the next session. The end of the feedback conference described by Kline, et al. (in press) includes closure statements, preparation of the student for the next trial, and cuing further use of the information presented. The client should be encouraged to put what has been covered in the counseling session into his/her own words. That information is then formed into a specific goal for future behavior, and it can be stored and reviewed on a regular basis for the purposes of cuing the desired behavior on the part of the client. These goals also provide a logical and organized way to begin the following session at which time the counselor and client can review the goals and determine what progress has been made in respect to those goals.

Review of progress toward achieving goals is important both in instructional and counseling settings, although certain adaptations must be made in counseling settings. To illustrate, behavior in an instructional setting is often quantified and graphed as a score or a percentage. This allows a quick and easy visual method of reviewing progress over time. In a post-secondary setting, counselors are often working with goals that are not easily quantified for visual display and are dealing with client responses that they may not observe directly. Nevertheless, the review of goals formed at the last counseling session is important in the following session. The review is analogous to the teacher grading a paper and providing the student with knowledge of results.

As adapted for a counseling setting, the counselor and client can make a trend analysis by comparing performance in the immediate past to performance in the more distant past. If the client feels positive about the progress on the goals since the last

conference, it is a time of celebration. If the client does not feel positive, the counselor should first probe the accuracy of those feelings. This probing is particularly necessary if progress toward the goals cannot be made readily apparent (e.g. quantified and graphed). If the feelings are not accurate, the counselor can help the client adjust his feelings to more accurately reflect reality. If the client's feelings seem accurate (i.e., satisfactory progress toward the goal is not being made) the counselor has several options open. The goals can be rearticulated, (through refined instructional input); the counselor can probe to find out why the goals weren't met (through error analysis and elaborated feedback); or the goals can be either adjusted or abandoned.

Third, the elaborated feedback conference can be used to assist the client in developing independence. This can be achieved when the client first assumes control for setting goals and then for evaluating and monitoring those goals. (Jacob, 1982; Scardamalia & Bereiter, 1986). Several elements can contribute to the development of greater client independence, but predictability in the structure of the counseling sessions and orchestration of opportunities for the client to take greater charge of personal goals are important. A predictable structure that is consistent from session to session is critical to the person with learning disabilities. Special education research has demonstrated repeatedly that bringing structure and meaning to material has a positive effect on the learning of students with learning disabilities (e.g. Bulgren, Schumaker, & Deshler, 1988; Kline, et al., in press; Lenz, Alley, & Schumaker, 1987). In a word, the counselor can assist the client in becoming more independent by providing scaffolded support within a predictable structure (Brown and Palincsar, 1987).

Furthermore, predictability may assist clients with learning disabilities to generalize the use of information they have acquired. If the same things occur repeatedly in the same order, the counselor can gradually transfer responsibility for progressing through the session to the client. As the client becomes more independent, the counselor takes a more passive role until the client can complete large segments of the conference agenda independently. Ultimately, the counselor can become a facilitator for the client who becomes increasingly proficient in establishing goals for future strategic behavior and using the counseling sessions to monitor and evaluate progress toward those goals.

SUMMARY

In summary, the time a young adult with LD spends in a post-secondary educational setting may be one of the last opportunities for counseling professionals to help this client make a successful transition to positive and productive adult life. As a result, it is important that counselors and educational facilitators pursue not only the goal of promoting vocational independence for this client, but also the goals of social confidence and personal adjustment by building on strengths and responding to needs. Ultimately, counselors and transition facilitators need to focus upon skills which a client already possesses that can be generalized to new settings. In addition they can help a client set and analyze goals so that independence can be achieved in the post-secondary setting.

REFERENCES

- Alley, G. R., Deshler, D. D., Clark, F. L., Schumaker, J. B., & Warner, M. M. (1983). Learning disabilities in adolescent and young adult populations: Research implications (Part II). *Focus on Exceptional Children*, 15(9), 1-4.
- Bos, C. S., & Anders, P. L. (1987). Semantic feature analysis: An interactive teaching strategy for facilitating learning from text. *Learning Disability Focus*, 3(1), 55-59.
- Brown, A. L., & Palincsar, A. S. (1987). Reciprocal teaching of comprehension strategies: a natural history of one program for enhancing learning. In J. Borkowski and J. D. Day (Eds.), *Intelligence and cognition in special children: Comparative studies of giftedness, mental retardation and learning disabilities*. NY: Ablex.
- Bulgren, J. A., Schumaker, J. B., & Deshler, D. D. (1988). Effectiveness of a concept teaching routine in enhancing the performance of LD students in secondary-level mainstream classes. *Learning Disabilities Quarterly*, 11(1), 3-17.
- Deshler, D. D., Alley, G. R., Warner, M. M., & Schumaker, J. B. (1981). Instructional practices for promoting skill acquisition and generalization in severely learning disabled adolescents. *Learning Disability Quarterly*, 4(4), 415-421.
- Deshler, D. D., & Schumaker, J. B. (1983). Social skills of learning disabled adolescents: Characteristics and intervention. *Topics in Learning and Learning Disabilities*, 3(2), 15-23.

- Deshler, D. D., Schumaker, J. B., Alley, G. R., Warner, M. M., & Clark, F. L. (1982). Learning disabilities in adolescents and young adult populations: Research implications (Part I). *Focus on Exceptional Children*, 15(1), 1-12.
- Deshler, D. D., Schumaker, J. B., & Lenz, B. K. (1984). Academic and cognitive interventions for LD adolescents: Part I. *Journal of Learning Disabilities*, 17(2), 108-117.
- Haring, K. A., Lovett, D. L., & Smith, D. D. (1980). A follow-up study of recent special education graduates of learning disabilities programs. *Journal of Learning Disabilities*, 23(2), 108-112.
- Jacob, G. P. (1982). An ethnographic study of the writing conference: The degree of student involvement in the writing process. (Doctoral dissertation, University of Pennsylvania, 1982). *Dissertation Abstract International*, 43, DA8216050.
- Johnson, D. D., & Pearson, P. D. (1978). *Teaching reading vocabulary*. NY: Holt, Rinehart & Winston.
- Kline, F. M., Schumaker, J. B., & Deshler, D. D. (in press). Feedback routines for instructing mildly handicapped students. *Learning Disability Quarterly*.
- Lenz, B. K., Alley, G. R., & Schumaker, J. B. (1987). Activating the inactive learner: Advance organizers in the secondary content classroom. *Learning Disability Quarterly*, 10(1), 53-67.
- Mastropieri, M. A., Scruggs, T. E., & Levin, J. R. (1986). Direct vs. mnemonic instruction: Relative benefits for exceptional learners. *The Journal of Special Education*, 20(3), 299-300.
- Nagel, D. R., Schumaker, J. B., & Deshler, D. D. (1986). *The FIRST-letter mnemonic strategy*. Lawrence, KS: Excel Enterprises, Inc.
- Robinson, F. P. (1946). *Effective study*. New York: Harper & Brothers Pub.
- Scardamalia, M., & Bereiter, C. (1986). Research on written composition. In M. C. Wittrock (Ed.), *Handbook of research on teaching* (pp. 777-803). NY: Macmillan Publishing Co.
- Schmidt, J. L., Deshler, D. D., Schumaker, J. B., & Alley, G. R. (1989). Effects of generalization instruction on the written language performance of adolescents with learning disabilities in the mainstream classroom. *Journal of Reading, Writing, and Learning Disabilities*, 4(4), 291-309.
- Schumaker, J. B., Denton, P. H., & Deshler, D. D. (1984). *The paraphrasing strategy*. Lawrence, KS: The University of Kansas Institute for Research in Learning Disabilities.
- Schumaker, J. B., Deshler, D. D., Alley, G. R., Warner, M. M., & Denton, P. H. (1982). Multipass. A learning strategy for improving reading comprehension. *Learning Disability Quarterly*, 5(3), 295-304.

- Schumaker, J. B., Deshler, D. D., & Ellis, E. S. (1986). Intervention issues related to the education of LD adolescents. N. J. K. Torgeson & B. L. Wong (Eds.), *Learning disabilities: Some new perspectives*. New York: Academic Press, 329-365.
- Schumaker, J. B., Hazel, J. S., & Pederson, C. S. (1988). *Social skills for daily living*. American Guidance Service.
- Schumaker, J. B., & Lysterla, K. (1991). *The paragraph writing strategy*. Lawrence, KS: The University of Kansas Institute for Research in Learning Disabilities.
- Schumaker, J. B., Nolan, S. M., & Deshler, D. D. (1985). *The error monitoring strategy*. Lawrence, KS: The University of Kansas Institute for Research in Learning Disabilities.
- Schumaker, J. B., & Sheldon, J. (1985). *The sentence writing strategy: Instructor's manual*. Lawrence, KS: The University of Kansas Institute for Research in Learning Disabilities.
- Scruggs, T. E., & Mastropieri, M. A. (1990). Mnemonic instruction for students with learning disabilities: What it is and what it does. *Learning Disability Quarterly*, 13(4), 271-280.
- White, W. J. (1985). Perspectives on the education and training of learning disabled adults. *Learning Disability Quarterly*, 8(3), 231-236.
- Wong, B. Y. L., Wong, R., Perry, N., & Sawatsky, D. (1986). The efficacy of a self-questioning summarization strategy for use by underachievers and learning disabled adolescents in social studies. *Learning Disabilities Focus*, 2(2), 20-35.

THERE IS A WONDERFUL
OPPORTUNITY WAITING FOR YOU!

THE QUARTERLY NEEDS MANUSCRIPTS

The Quarterly needs manuscripts.
So write! Write! Write!

If you have ideas,
and you are willing to work on them,
please write to us.

If you need ideas as to what to write
about, we have many, many ideas.
Please contact us.

WE NEED MANUSCRIPTS!

Illinois Association for Counseling and Development **QUARTERLY**

GUIDELINES FOR CONTRIBUTORS

IACD's *Quarterly* invites contributions that are of interest to counselors at all levels in Illinois. Please use the following guidelines.

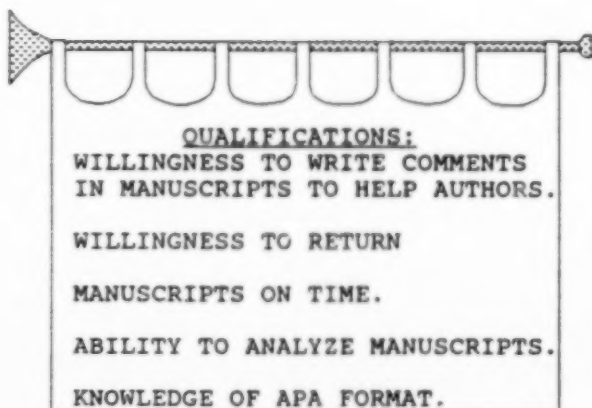
1. Send four copies of all materials. Generally, manuscripts should not exceed 3,500 words (approximately 15 pages typewritten and double-spaced).
2. Article titles are not to exceed 50 letters and spaces.
3. Be sure to include an abstract (150 words maximum) of manuscripts and lengthy material. The abstract should be a brief, informative summary.
4. Materials are to be well-organized and concise so that the development of ideas is logical. Avoid dull, stereotyped writing and aim to communicate ideas interestingly and clearly.
5. Avoid footnotes.
6. Double-space all materials, including references.
7. Author's names with position, title, and place of employment are to appear only on the cover page.
8. All aspects of manuscript preparation (references, tables, margins, abstract, etc.) are to follow the style described in the *Publication Manual of the American Psychological Association* (3rd ed.). The manual may be purchased from APA (1200 17th Street, Washington, DC 20036).
9. Never submit material that is under consideration by another periodical.
10. Avoid the use of generic masculine pronoun and sexist and racist terminology.
11. Ethical principles are to be followed in work with humans and animals.
12. **Submit materials to:** **M. Illovsky, Ph.D.**
IACD Quarterly
Counseling Center / Memorial Hall
Western Illinois University
Macomb, IL 61455

Usually manuscripts are reviewed by three Editorial Board members. These are blind reviews, which means the reviewers and authors are not identified to each other. Allow three months for manuscripts to be returned after being submitted.

Manuscripts are reviewed and evaluated by the *Quarterly* Editorial Board members. The author is responsible for the proofing of the original and revised manuscripts.

QUARTERLY EDITORIAL BOARD MEMBERS NEEDED

THE QUARTERLY NEEDS EDITORIAL BOARD MEMBERS.
THIS IS A THREE YEAR APPOINTMENT.
THE APPOINTMENT BEGINS THIS SUMMER.



INTERESTED PERSONS SEND VITAE TO:

Editor (Dr. Illovsky)
Quarterly
Counseling Center
Western Illinois University
Macomb, IL 61455

IACD OFFICERS

PRESIDENT

Dean Van Diver
Springfield

PAST PRESIDENT

Twyman Jones
Normal

SECRETARY

Robin Smith
La Grange Park

TREASURER

Edward Hamann
Peoria

PRESIDENT ELECT

George Altha McCoy
Lombard

ADMINISTRATIVE COORDINATOR

Twyman Jones
Normal

PARLIAMENTARIAN

Lori Russell
Peoria

EXECUTIVE BOARD

Bette Toborg
Darien (1994)

Marlyse Anderson
Rock Island (1993)

J. D. Hawkins
Normal (1992)

Anna Marie Yates
Arlington Heights (1994)

Mary Lou Hawkins
Salem (1993)

Robert Watters
Rock Island (1992)

IACD DIVISIONS

IAMCD

Angelo Chavers
Chicago

IAMECD

Chuck Eberly
Charleston

ICDA

Diane Kjos
Mokena

ICPA

Robert Abene
Northbrook

IMHCA

Janet Hansen
Chicago

ISCA

Owen McCorkle
Decatur

ICES

French Fraker
Champaign



department of educational
psychology and guidance

Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660

205